STATE OF MARYLAND

| DEPARTM | CERTIFICATE OF DEATH | REG. NO. | | |
|--------------|----------------------|--------------------------------|-----------------|------------|
| DDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR | 26. HOUR |
| l Abels | | December 18 1 | 985 | 1:00P N |
| | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | |
| | July 8 1896 | 89 • YRS. | MONTHS DAYS | HOURS MIN. |
| HAT COUNTRY? | 8. | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | |

Female Caucasian a BIRTHPLACE Th. CITIZEN OF W

Maryland USA I... NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH

4 RACE

Mrs. Mary Ethe

Baltimore

Baltimore County General Hospital Randallstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE 136. COUNTY

13d INSIDE CITY LIMITS?

NOX

15. MOTHER'S MAIDEN NAME

UBARACHNOID HAT MORRAGE

Homemaker 13e.STREET ADDRESS / ZIP CODE

(TYPE OF WORK EOR MOST OF WORKING LIEE)

Baltimore County

7021 Rockridge Rd. 21207 LAST

Unknown Miller

Maryland

4 FATHER'S NAME

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

3. SEX

60 WAS DECEASED EVER IN U.S. ARMED FORCES? No

PART I. DEATH WAS CAUSED BY

166 SOCIAL SECURITY NO 215-24-2334

13c. CITY OR TOWN

Villa Nova

LAST

Unknown

THEV. ATTVING T. Basil Sr. ADDRESS 4014 Raleigh Rd. Pikesville 21208

Maryland

17b. KIND OF BUSINESS OR

Conditions, if any, which gove rise to immediate couse (o), stoting underlying couse

8 CAUSE OF DEATH (Enter only one couse per line fow to), (b), and ic

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

21e PLACE OF INJURY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

70a AUTOPSY?

190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING

71d INJURY OCCURRED

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

216. TIME OF INJURY MONTH HOUR A.M. DAY P.M.

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

CITY OR TOWN

and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated

NOT

STATE

NO M

sow the deceased plive on.

22e ADDRESS

Burial

CERTIFICATION

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

DEGREE

Baltimore

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

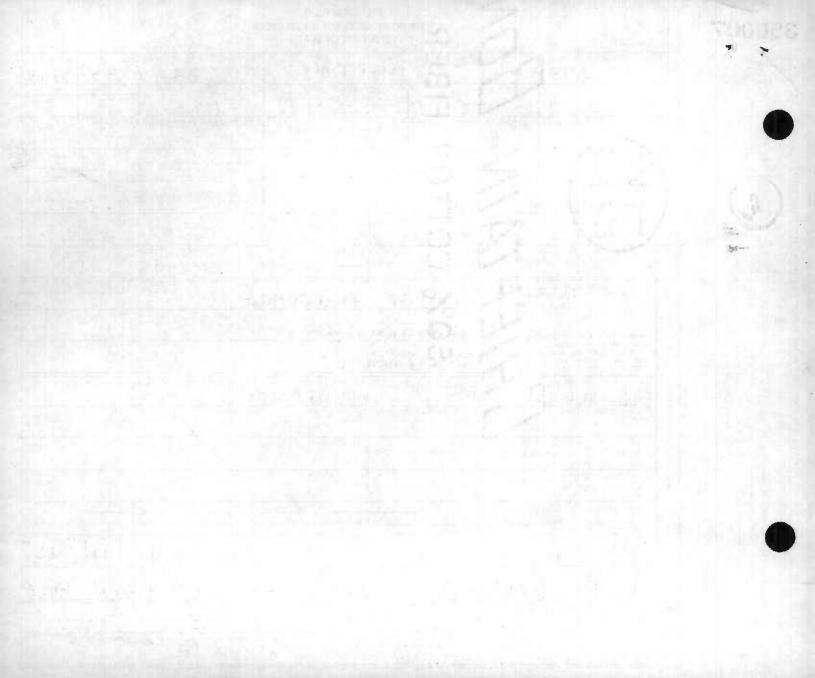
22a.1 certify that (1) (this haspital) attended the deceased from

in muracon yandalas

DHMH - 16 60M 7/84 (VRA 15, 4)

THE STATE OF THE S

| 350007 | 1. | FOR STATE REGISTRAR | | K | DEF | ARTMENT OF | TE OF MARYLAND HEALTH AND MENTA FICATE OF DEATH | | ENE S S | 3 0 | 8 8 |
|--|---------------|--|----------------------|------------------|------------------|-------------------------|---|-----------|--|-----------------|-----------------------------------|
| 7 25 | | CEASED NAME | FIRST | | MIDDLE | ~ ~ | LAST | | 20. DATE OF DEATH MONTH | DAY YEAR | 10:48 P |
| ay be | | 5 | ARP | | | AK | KAMS | | 12 6 | 85 | 2248M |
| there are | 3. SE | X | | 4 RACE | | 5. DATE | OF BIRTH | | AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| age age urs o | 0 | EMALE | | | ITE | | R. 25, 1898 | | 87 YRS | | |
| 4 10 5 A | | RTHPLACE (STATE OR FO | REIGN | Th CITIZEN OF | WHAT COUN | MARR | ED NEVER MARRIET | | BALTIMORE CITY OR COUNTY | | |
| deat funer thin 7 | | USSIA ITY OR TOWN OF DEAT | | US | | WIDOV | | | BALTIMORE COU | | MD. |
| d the | | | | (IF NOT IN SUC | H FACILITY, GIVE | STREET ADDRESS) | OR OTHER INSTITUTIO | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | INDUSTRY | OF BUSINESS OR |
| 1501 | | RANDALLSTOW AL RESIDENCE (IF NURSIN | | | | COUNTY BEFORE ADMISSION | GEN. HOSP. | | HOUSEWIFE | AT H | OME |
| 2 (P 1 3/2 | 130. 3 | STATE | 34 CONN | | 13c. CITY OF | RTOWN | 134 INSIDE CITY LIMI | | 3e.STREET ADDRESS / ZIP CODE | DD (C | 11200) |
| LAN CONTRACTOR | - | ARY LAND | | | BALTI | MORE | 15 MOTHER'S MAIDE | | 2712 OLD COURT | RD. (2 | 1208) |
| I Soll | | FIRST | A | NIDDLE | GOODM | | FIRST | ITA | WIDDIE | MANE | KIN |
| SE, N | | VAS DECEASED EVER IN | U.S. ARA | AED FORCES? | | SECURITY NO. | | | JEANNE ^{AD} SHUSTER | MANE | KIN |
| MORE e exe | | YES, NO OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | 216-3 | 2-6784 | | | T RD. (21208) | | |
| ALTI rte bo pers. ol. | | 18 CAUSE OF DEATH | Enter only | v one couse per | | | 12/12 ODD | 00010 | (21200) | APPROXI | IMATE INTERVAL ONSET AND DEATH |
| phy phy mpon movent | | PART I. DEATH WA | SCAUSED | BY: CAUSE (p) | CAR | DIAC | ARUST | DL | -È | BETWEEN | PRISE! AIND DEATH |
| or re | | | | | R AS A CON | SEOUENCE OF | | | | | |
| deat deat ave ave ave ave | | Conditions, if ony, | which | (b)_ | HY | POTEN | 19 10N | | | | |
| the the rem | | gove rise to imme couse (a), stating | the | DUE TO, O | R AS A CONS | SEOUENCE OF | | | | | |
| that that that a | | underlying couse | lost. | (c) | | FMWO | MIH | | | | |
| aquires signe hen p ha bur ipury, | z | PART 2 OTHER SIGNI | FICANT CO | ONDITIONS CO | ONTRIBUTING | G TO DEATH BU | T NOT RELATED TO THE | ETERMIN | AL DISEASE OR CONDITION GIVE | N IN PART 110 | D |
| ny in | ATIO | 190 DATE OF OPERATIN | NG (2 | 19h COND | ITION FOR W | HICH OPERATION | DN WAS PERFORMED | 10 | 200 AUTOPSY? 206 IF YES | WERE FINDIN | NGS LISED |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be exempted in the contending physician. When this certificate has been signed by the attending physician and mind for the certificate has been signed by the artending physician and mind for the please remove carbon papers. Page the analysis os the burial transportation of remotion, or removal. On the death of the please remove carbon papers. Page and the please prior to burial, cremation, or removal. | CERTIFICATION | | | | | | SVI TITO TENI ONNED | | YES NOW YES | ING CAUSES | OF DEATH? |
| VITA N. Th Nysicio cote cote dassit Hygie | CERT | 210. ACCIDENT WAS UNDE | RLYING | 21b. TIME C | | | 21c. HOW INJURY O | CCURRE | D (ENTER NATURE OF INJURY IN ITEM 18 PA | | 140 |
| OF JOHN | | OR CONTRIBUTING CA | | | M. MONTH M. | DAY YEAR | | | | | |
| HYSI nding his ce buri | MEDICAL | 21d. INJURY OCCURRE | | 21e. PLACE | OF INJURY | | 211 LOCATION | 1.3 | CITY OR TOWN | COUNTY | STATE |
| DIVIS DING P or atter After the e as the alth and marked | × | AT WORK NOT WHILE | | (A) HOME ST | REET, FACTORY O | OFFICE FARM, ETC) | SIREET | | CITOKTOWN | 2001411 | STATE |
| NDIF SI OT USE O Tealt | 118 | 220.1 certify that (1) (1 | , | | | rom | , 19 | | _, to, 1 | 9 | that (1) (we) last |
| ATTE sspito CCTO d for n 21 | | sow the deceased obove, (I) (we) (die | olive on_d) (did not | view he body | Otter death. | 19, | nd that in (my) (our) op | oinion de | oth accurred on the date and hour | and from the | couses stated |
| the has | | 225 SIGNATURE | 0 | Vm m | 2 | 1 | DEGREE ATTENDI | ING | MEDICAL STAFF | 22c. DATE | SIGNED |
| FRAL State | | 226 PHYSICIAN'S NAM | N | (/2/6 | Unvi |) | PHYSICI | | DIRECTOR PHYSICIAN | 111 | 6 183 |
| TO HOSPITAL TO FUNERAL should be det with the State | 71 | IL D | C | VII | | | 22e ADDRESS | 00 | TALLALTIC | 0 = -1 | 14.00 |
| TO TO Should with | 23a B | URIAL, CREMATION, RI | 140)/41 | 23b. DATE | mil | 22. NIAME OF | TUH LI | UN | E COUNTY | atio | 17081 |
| ВР | | SPECIFY) BURIAL | MOVAL | DEC.8, | 1085 | | CEMETERY OR CREMAT | ORY | 236 LOCATION CITY OF TOWN BALTIMORE | COUNTY | STATE VI AND |
| | 24 FU | INERAL DIRECTOR | SOI | | | ROS., I | | a. DATE F | REGID, BY REGISTRAP 256. REGISTRA | | RYLAND |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 6 | 010 REISTEY | | | | WE DO | 21215 | Ut | U 1 2 1985 | | |
| 111.011 | _0 | ALA REPORT | SLUWI | | DALLU. | , PID | 41413 | | | | |



STATE OF MARYLAND 358043 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH WEGISTRAR REG. NO. DECEASED NAME LAST FIRST 2a. DATE OF DEATH MONTH YEAR 26 HOUR & AGE (IN YEARS LAST BIRTHDAY) SEX IF UNDER I YEAR MONTH DAYS BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) BAHO. CO. DIVORCED WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR UNIT CLERK 13a. STATE 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME REMMEL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (IF YES, GIVE WAR OR DATES) FAMILY RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for tal. (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cardim Conditions, if any, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSTOUENCE OF underlying couse lost. or hike PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22e. ADDRESS d b KMETZO, ND 0 23a BURIAL, CREMATION, REMOVAL NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP.

THE CLUBS STATES My part the parties 31421 4535 have completely our former the all eyes T.T. KHETZWAY

| THE CH | 1, | FOR STATE | | DEPART | MENT OF HEA | OF MARYLAND ALTH AND MENTAL HY | GIENE 8 5 | 3 3 | 190 |
|--|--------|--|-----------------------|-----------------------|--------------------|-----------------------------------|----------------------------|-----------------------------|----------------------|
| | / | REGISTRAR | | | CERTIFIC | ATE OF DEATH | REG. NO | D. | |
| 1/ | | CEASED NAME FIRST | , M. | DDLE | LAS | 1 | | MONTH DAY YE | 10 |
| e o the state of t | (1111 | Et | hel : | I | AD. | Ams | 12-3-85 | | 243 M |
| /341074 | 3. SE | × | 4. RACE | | 5 DATE OF | | 6 AGE (IN YEARS LAST BIRTH | | |
|) OFTER A | 1 | € male | Cancas | 144 | MONTH | 13 1892 | . 93 | YRS MONTHS | DAYS HOURS MIN |
| Poor Pour | | RTHPLACE STATE OR FOREIGN | 76 CITIZEN OF W | | 8 | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEAT | н |
| Secondary Secondary | r A | ountry) | USA | | | DIVORCED [| Touson | | MD. |
| | 10 C | TY OR TOWN OF DEATH | | | | OTHER INSTITUTION | 120 USUAL OCCUPATION | | ND OF BUSINESS OR |
| 5 1 190 | 17 | owson | ECE | FACILITY, GIVE STREET | | renewot Comm | | | II. |
| 2 1 13/201 | USU. | AL RESIDENCE (IF NURSING HOME LATE 136 CO | OR OTHER INSTITUTION, | | | 3d. INSIDE CITY LIMITS? | | | |
| 2 1 10 | Mo | iryland | ONT | Dalter | nose | YES P NO | 13. SIREEJ ADDRESS CO | crey Stree | t 21230 |
| 1 12 | 14 FA | ATHER'S NAME | | | | MOTHER'S MAIDEN N | | | 1 |
| 1 11200 | 0 | Samuel | WIDOLE | Clean | ou_ | He la | MIOOLE CO. | - | tones |
| # 1 35 17 | | VAS DECEASED EVER IN U.S. | | 166 SOCIAL SECU | JRI O NO. 1 | I INFORMANT Mrs | . Pat Martir | SS | |
| O S S S S S S S S S S S S S S S S S S S | | YES, NO OR UNKNOWN) (IF YES, (| GIVE WAR OR DATES) | 21420 | 0587 | 300 Southerl | y Road Tows | on. MD. | 21204 |
| ALTH A | | 18 CAUSE OF DEATH Enter | anly ane cause per l | | | 1 | V | | PPROXIMATE INTERVAL |
| of the physical state | | 18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU | ISED BY | (Av | -dia 1 | Zuhmo/AA | y buve | st | |
| N S S S S S S S S S S S S S S S S S S S | | IMMED | | | - | | 1 1 | 1 | |
| Ot to the state of | | Canditions, if any, which | DUE TO, OR | AS A CONSEQU | luas | ed cende | & dens. | tu | |
| Mark of the control o | | gave rise to immediate cause (a), stoting the | 3 | AS A CONSEDU | SUCE OF | 2 | 6 | / | |
| A to the other | | underlying cause lost | DUE TO, OR | AS A GONSEGU | COAL | An voses | la vous | -0/ | |
| 20 es tes crea | | PART 2 OTHER/SIGNIFICAN | T CONDITIONS CO | NTRIBUTING TO | DEATH BUT N | OT RELATED TO THE TER. | MINAL DISEASE OR CONI | DITION GIVEN IN PA | RT 1(a |
| RDS, | 20 | hotens. | sde D | To h | emit | shoe | land 1 | | |
| O C | CATION | 190 DATE OF OPERATION | 196 CONDIT | ION FOR WHICH | OPERATION | WAS PERFORMED | 700 AUTOPSY? | 20b. IF YES, WERE F | INDINGS USED |
| 1 16 181 17 | E | | | | | | YES NO | IN CERTIFYING CA | NO [] |
| 1 11117 | 1 | 210. ACCIDENT WAS UNDERLYING | | | | 21c. HOW INJURY OCCU | RED (ENTER NATURE OF INJUR | Y IN ITEM 18, PART 1 OR PAR | ₹T 2) |
| P. A. | 3 | OR CONTRIBUTING CAUSE OF | PEAITI | A. MONTH D | AY TEAK | | | | |
| NO STATE OF THE ST | 9 | 21d. INJURY OCCURRED | 21e PLACE C | FINJURY | | TH LOCATION | CITY OR TOW | 'N COUNT | Y STATE |
| VIS CONTRACTOR OF THE PROPERTY | × | WHILE NOT WHILE AT WORK | (AT HOME, STRE | ET, FACTORY, OFFICE, | FARM, EIC J | | Chrokion | / | STATE |
| d de | | 22a.1 certify that (I) (this ha | spital) attended the | deceosed from | 11 | 14 19 8 | 5 to 12 | 3 19 8 | , that (I) (we) last |
| # 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | saw the deceased alive above, (1) (we) (did) (did | on 7 | Her death. | 11nd | that in (my) (aur) apinion | death accurred on the do | ate and hour and from | n the causes stated |
| March | 15 | 226. SIGNATUR | 111: | | DE | GREE | | 13 6- | DATE SIGNED |
| AL DAL D | | 0)/ | 1/10 | nul | 5 | ATTENDING PHYSICIAN | MEDICAL STAF | IAN [] | 1/3/84 |
| FUNEE by FUNEE AND THE SHOPE A | 1 | 22d. PHYSICIAN S MAJAE | A | | | III ADDRESS | C 10 1 | 01 ~ | 1 / |
| HOS ained D FUN could to | | MANA | 16bue | rnems |) | 800 | Southenl | 2 Rd V | ausm |
| 51 5415 | 23a. l | BURIAL, CREMATION REMOV | AL 236 DATE | l ne | NAME OF CE | METERY OR CREMATORY | 23d LOCATION | COUNTY | STATE |
| BP | | Primi al | 10/0/ | 35 | Loudon | Park Cemete | ry Baltimor | e Baltin | more MD. |
| DHMH - 16 50M 1/76 | 24 F | UNERAL DIRECTOR LOTT | ng Byers | Funeral | Direct | ors, Inc 250 DA | TE REC'D. BY REGISTRAR | 25byREGISTRAR'S SIC | NA Wandere |
| (VR A 15 (4)) | 87 | 28 Liberty Roa | d Randal | 1stown | MD 2 | 1133 | C 6 1985 | 7 | |

The second translated beginning of the

1 - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 0 | 2 | 0 |
|---|--------|---|
| | DEC NO | |

| | 274 13 |
|-----------|------------------|
| YEAR | 2b. HOUR |
| 85- | 48 M |
| FR I VEAR | IF LINDER 24 HRS |

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| / | deoth certificate be executed within 24 hours ofter death. Page 4 may bo | ittending physicion and completely the site by the distriction, page we carbonpapers. Pages 1 and 2 the deat |
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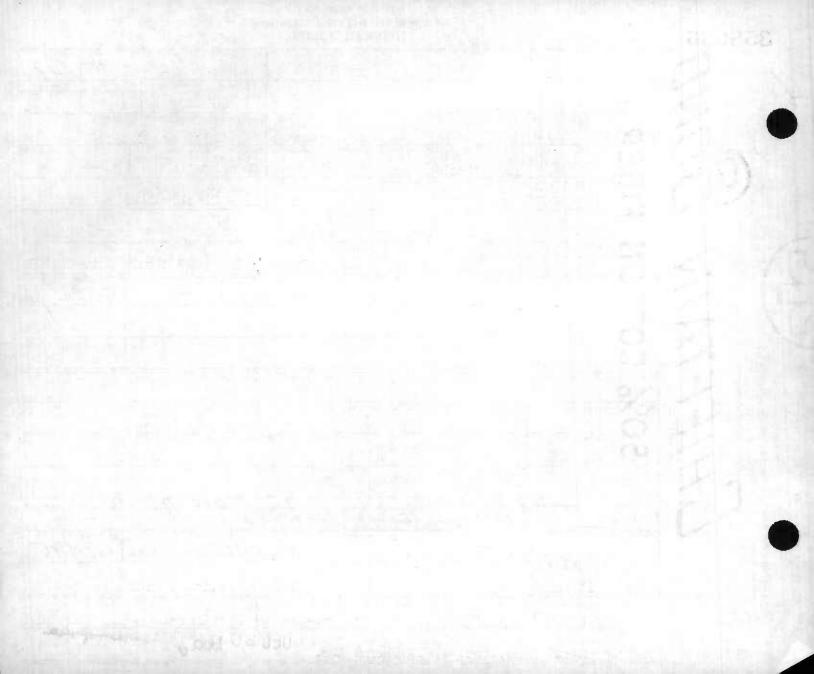
TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burnal-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu MPORTANT: If hem 21

DIVISION OF VITAL RECORDS, 201

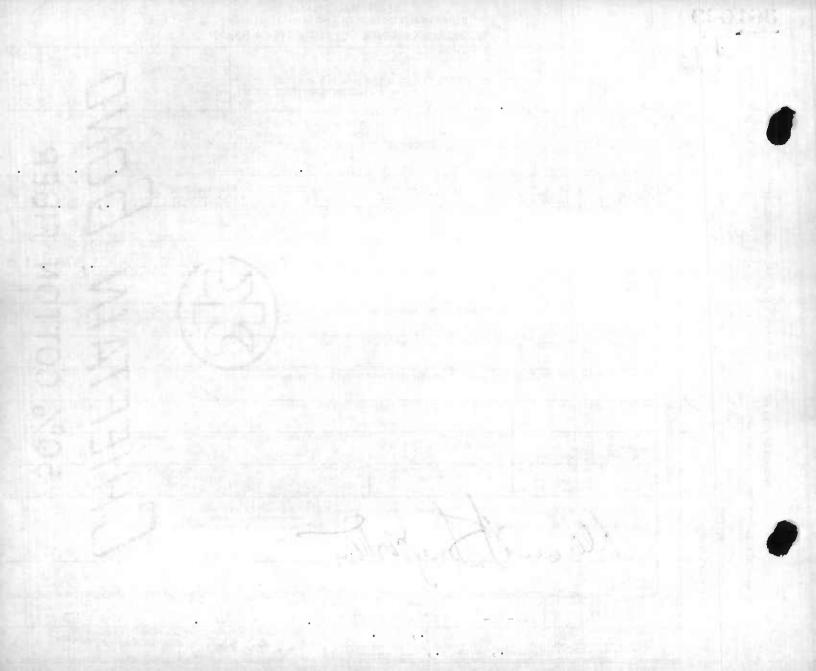
| | 230 BURIAL, CREMATION (SPECIFY) |
|--------------------|------------------------------------|
| BP | Buria |
| DHMH - 16 60M 7/84 | 24 FUNERAL DIRECTOR |
| (VRA 15, 4) | Hubbard Fu |
| | |

| | | CE ASED NAME OR PRINT) | FIRST | ^ | AIDDLE | | AST | | 20 DATE OF DEATH | MONTH | DAY | YEAR | 26. HOUR | (|
|-----|---------------|-------------------------------------|-------------|--|-----------------------|-----------|-----------------|----------------------|--------------------------|--------------|------------|----------|-------------|---------|
| | (11172 | | RUTH | | | AI | DDISON | | F-1075 | 12 | 17 | 85 | 4 | M |
| 'n | 3. SE) | X | | 4 RACE | | 5. DATE C | | | 6 AGE (IN YEARS LAST BE | RTHDAY) | IF UNDER | | IF UNDER 2 | |
| b | 1 | Female | 100 | White | | 3 | 13 | 05° | 80 | YRS | MONTHS | DAYS | HOURS | MIN. |
| | 7a BII | RTHPLACE (STATE OF | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | | | 9 BALTIMORE CITY | | Y OF DE | ATH | | |
| 5 | i | Maryland | | USA | | WIDOWE | D NEVERA | ORCED | Balti | more (| Count | -V | | MD. |
| 2 | 10. CI | TY OR TOWN OF DEA | ATH | | OSPITAL, NURSIN | | OR OTHER INST | ITUTION | 120 USUAL OCCUPAT | ION | 12b. 1 | KINDO | FBUSINES | SOR |
| | | rbutus | | 1009 | Circle D | rive | | | Homemaker | OF WORKING E | | | - | |
| - | | AL RESIDENCE (IF NURS | 136 COUN | | 130 CITY OR TOW | | 134. INSIDE C | ITY LIMITS? | 13e STREET ADDRESS | / ZIP COD | E | | | |
| 2 | | Maryland | Bal | timore | Arbutus | 5 | YES 🗌 | NO X | | le Dri | ve | 212 | 27 | |
| 7 | 14 FA | ATHER'S NAME | | MIDDLE | LAST | 1.5 | | MAIDEN NAA | AE MIDDLE | | | LAST | | |
| 100 | | Amos | | | Englehar | | | tie | | | Tha | rle | | |
| | | VAS DECEASED EVER | | MED FORCES? E WAR OR DATES) | 166 SOCIAL SECU | | 17 INFORMA | | ADDR | | , , | | 010 | 207 |
| | | NO | | | 215-09-2 | 28/2 | Louise | Guber | natis, 1009 | Circ | | | | |
| H | | 18 CAUSE OF DEAT PART I. DEATH W | | | line for (a), (b), on | idicu) . | | 110 | | | - | | MATE INTERV | EATH |
| | | | | E CAUSE (a) | 107457 | ATIC | - MA | 19N1 | rey | | 10 | 2 4 21 | MAL | 19.04 |
| | | 300 | | DUE TO, OF | R AS A CONSEOU | ENCE OF | | | | | | | / | |
| | | Canditions, if ony, | | (b) | | | | | | | - | | | |
| | | couse (a), statin | ig the | DUE TO, OF | R AS A CONSEQU | ENCE OF | | | | | | | | |
| | 1 | | | ((c) | | | | | | | | | | |
| | z | PART 2. OTHER SIGN | VIFICANT | ONDITIONS <u>CC</u> | NTRIBUTING TO | DEATH BUT | NOT RELATED | TO THE TERMI | INAL DISEASE OR CON | NDITION GI | VEN IN P | ART 110 | , | |
| | CERTIFICATION | 190 DATE OF OPERA | TION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 20a AUTOPSY? | 20b. IF YE | S. WERE | FINDIN | GS USED | |
| 1 | IFIC | 1 | | 11000 | | | | | YES T NOT | | FYING C | AUSES | OF DEATH | 1? |
| _ | CERI | 210. ACCIDENT WAS UND | DERLYING | | | | 21r HOW IN | JURY OCCURR | ED (ENTER NATURE OF INJU | | | ART 2) | | |
| 1 | | OR CONTRIBUTING (| | in . | | AY YEAR | | | | | | | | |
| h | MEDICAL | 214 INJURY OCCURE | | 71e PLACE | OF INJURY | | 711 LOCATIO | N | | | cou | IN ITH | STA | . 25 |
| S | W | WHILE NOT WE | RK | (AT HOME STR | EET, FACTORY OFFICE I | ARM ETC) | STREET | | CITY OR TO | JWN | | NIT | 517 | AIE |
| | | 22a 1 certify that (1) | | tal) ottended the | e deceased from_ | | | 1975 | _, to DRC | 17 | 19 83 | . 1 | hot (I) (w | e) last |
| | | sow the decease | ed olive on | 12/1 | ofter death | PC . 01 | nd that in (my) | (our) opinion d | leath occurred on the c | lote and has | ur and fro | om the c | ouses stat | ed |
| 5 | | 226. SIGNAFORE | 3 | The state of the s | orrer dearn. | ^ | DEGREE | 74 - 1 | | | 220 | DATES | IGNED | |
| | | When | DA | man 1 | I M | 0 | | TTENDING PHYSICIAN Z | MEDICAL STA | | 1 | 2/1 | 1783 | |
| | | 22d BHYS CIAN'S W | AMELITYPE O | RPRINT | | | 22e ADDRES | S | | | | | | |
| | | Edgar Wil | liams | on | APPENT. | | 5550 | Baltim | ore Nation | al Pil | ke | | | |
| | | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 23r | VAME OF C | EMETERY OR C | REMATORY | 23d LOCATION | | COUNT | Y | STA | ATE |
| | | Burial | | 12/21 | /85 Lo | | Park Cer | netery | Baltimo | re | 1130 | M | aryla | and |
| | 24 FL | UNERAL DIRECTOR | | | ADDRESS | | 1229 | 250 DATS | REZDUY REGISTRAF | 25 REDIS | Mords | Months | Morner | |
| | H | Jubbard Fur | peral | Home, I | nc. 4107 | Wilke | ens Ave | | | | | • | | |

Funeral Home, Inc. 4107 Wilkens Ave.



| 3€ | 51039 | | FOR STATE | | | | EPARTA | | | ARYLAN | | YGIEN | E 5 | | 5 3 | 0 | 9 | 2 |
|--|--|---------------|----------------------------|-----------------------------|-----------|----------------|-----------------|--------------------|--------------|---------------|---------------|------------|-------------|----------------|-------------|---------|--------------------|--------|
| • | di . | | REGISTRAR | | | ME | | EXAMI | IER'S | ERTIFIC | CATEC | | | REG. N | | P4 6 | [4,12 | |
| | 46 | | CEASED NAME E OR PRINT) | FIRST | | | WIDDLE | | | LAST | | | OF | KNOWN | | | YEAR | 26 HOU |
| | 数 B 20 20 日 1 | | | Marvi | | | | | | ller | 4 - 7 | | | MATED X | | | 19 85 | |
| | STATE | 3. SEX | 4 R | ACE | 5. DATE | OF BIRTH | YEAR | 6. AGE (INY | EARS IF UN | | IF UNDER | | C DATE | | MONT | | YEAR | 7:30 |
| | P P S S S S S S S S S S S S S S S S S S | | | HITE | NOV | . 16 | 1927 | 58 | | | | | DEAD | | | 2-16 | 1985 | p:30 |
| | WANTED A | | RTHPLACE (STATE O | OR | 7b. CIT | ZEN OF WH | AT COUN | TRY? | 8 MARR | ED NEV | VER MARR | ED XX | 9 BALTIN | AORE CITY | OR COU | INTY OF | DEATH | |
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| A STATE OF THE PARTY OF THE PAR | 公开岛面包 | 10. CI | TY OR TOWN OF E | DEATH | (IF N | OT IN SUCH FAC | CILITY, GIVE ST | REET ADDRESS) | | ER INSTITUT | | | AL OCCU | PATION (T) | PE OF WOR | | IND OF BURR INDUST | |
| 21 | No a will | | Woodlawn | | | 5906 F | rank | lin Av | renue | APT. | 1F | CLE | RK | | SOC | . SE | C. AD | MIN. |
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| 7 | 本を用る第一 | | RYLAND | BALT | 'IMOR | E | BAL | TIMOR | Ξ | YES 🗌 | NO X | 590 | 6 FR | ANKLI | VAV | E.,_ | APT. | 1F |
| MD. | E-87821 | | THER'S NAME | | MIDDLE | | 1 | LAST | | | R'S MAIDE | NAME | N | AIDDLE | | | LAST | |
| ORE, | ASS TO | | FRANK | | | | ADL | | | IDA | | | | | | | ENBER | G |
| IMO | # 5 5 5 1 | | VAS DECEASED EV | ER IN U.S. AR/ | | | 166. SOC | TAL SECURI | IY NO. | 17 INFORM | | | | ADDRES | | #212 | | |
| N N | S AF GIVE | | NO | | | | | | | ALBE | ERT AI | LER | 6 L(| ONGSTI | REAM | | | |
| 1 | 1 × 1 × 1 | | 18 CAUSE OF DE | ATH (Enter on | ly one co | iuse per line | for (a), (b), | , and (c).) | | | | 9701. | | 4-1- | | | APPROXIMATI | |
| W. PRESTON ST | FEW 18 ONG PERMI SIENE, | | TANTIDEATH | | TE CAUS | E (o) | | nging | | | | | | | | | | |
| ESTO | VITHIN 24 H KCIL IN ITEM NER ALONG VANSIT PER VANSIT PER TAL HYGIEN | 13 | Candidan i | f any, which | | DUE TO, OR | AS A CON | SEQUENCE | OF | | | | | | | | | |
| <u>or</u> | CUTED WITHIN IN PENCIL IN EXAMINER A RIAL-TRANSIT IN MENTAL HY | | gave rise t | o immediate | | (b) | | | | | | | | | | | | |
| 3 | N PENC XAMIN AL-18/ MENT/ N, OR | | lying cause lo | ing the under- ist. |) [| DUE TO, OR | AS A CON | SEQUENCE | OF | | | | | | | 3 | | |
| 5, 20 | NO VENT | | | | (| (c) | | | | | | | | | | | | |
| RECORDS, | WID BE EXECUTE "PENDING" IN FE MEDICAL EX SED AS A BURIA "HEALTH AND A AL, CREMATION | z | PART 2 OTHER SIGNIFIC | CANT CONDITIONS | CONTRIBUT | ING TO DEATH B | OUT NOT RELAT | TEO TO THE TER | MINAL DISEAS | OR CONDITION | N GIVEN IN PA | ŘT 1 (a). | | | | | | |
| | A SEAL | CERTIFICATION | 190. DATE OF OPE | RATION | | 96. CONDIT | ION FOR V | WHICH OPE | RATION W | AS PERFOR/ | MED? | | | | - | [2D | AUTOPSY: | |
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| Z | A H COUNTY | | UNDERLYING & | | | P.M. | | DAY YEA 15 19 8 | | ject | huna | hime | olf. | | | | | |
| ISIO | SHO TO THE PRICE P | MEDICAL | 21d. INJURY OCC | URRÉD | | Te PLACE C | F INJURY | (AT HOME, | 21f. LO | CATION | naig | 1111113 | | | | | - 61 | |
| P V | WARDE WARDE PAGE 3 TATE D 21201 | E | WHILE AT WORK | TWORK X | X | 24.47 | ORY, FARM, ET | (C.) | | 06 FRa | nklir | 7,101 | CITY OR TO | | | Do 14 | - Co | STATE |
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| | A S S S H S | | 22a. I certify fly | and the same of the same of | | TAL- | ribed to | promote . | Aytap | , — · | | | Inquiry | | ind in my | opinian | | |
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| | Z B B B B B B B B B B B B B B B B B B B | | ACTUAL / | levil | 100 | PX | mie | 100 | 11/1/ | TITLE (SF | istar | + | | | DA | IE - | 12-17- | -85 |
| | ZHY WE | | SIGNATURE | | - | 10 | 1000 | 1 | -UM | ASS | 15 Car | 1C MEDI | CAL EXAM | AINER | SIG | NED | 12 17 | 0.5 |
| | S S S S S S S S S S S S S S S S S S S | | EXAMINER'S NAM | AE Deni | nis | F. Smy | th.U | M.D. | | ADDRESS | 111 E | enn : | St., | Balto |) N | 1d. | 2120 | 1 |
| | TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNREAL DIRECTOR: PAGE DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 | 23a B | JRIAL, CREMATION | | | | | | | R CREMATO | | | CATION | | | | | |
| 07/84 | BP | (5 | BURIAI | | 12- | 18-85 | BE' | TH TF | LLOH (| CONG. | | BA | LTO. | | | OUNTY | MD | ATE |
| 25M | 3 7-14 | 24. FI | NERAL DIRECTOR | SOL L | EVIN | SON & | BROS | ., INC | | 12 | 250 DATE | REC'D. BY | REGISTRA | R 25b. REG | ISTRAR' | SSIGNA | | |
| | DHMH - 17 (VR A15 ME (5)) | 6 | ond reist | TERSTOW | N RE | ADDRESS BA | LTO | MD | 21215 | - | JEU 2 | 3 19 | 85 1 | to have son | LU (aldow | Man | : : | |
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3818 Roland Ave.

Balt., Md. 21211

BY REGISTRAR 256 REGISTBAR SSIGNATURENCE

- STATE

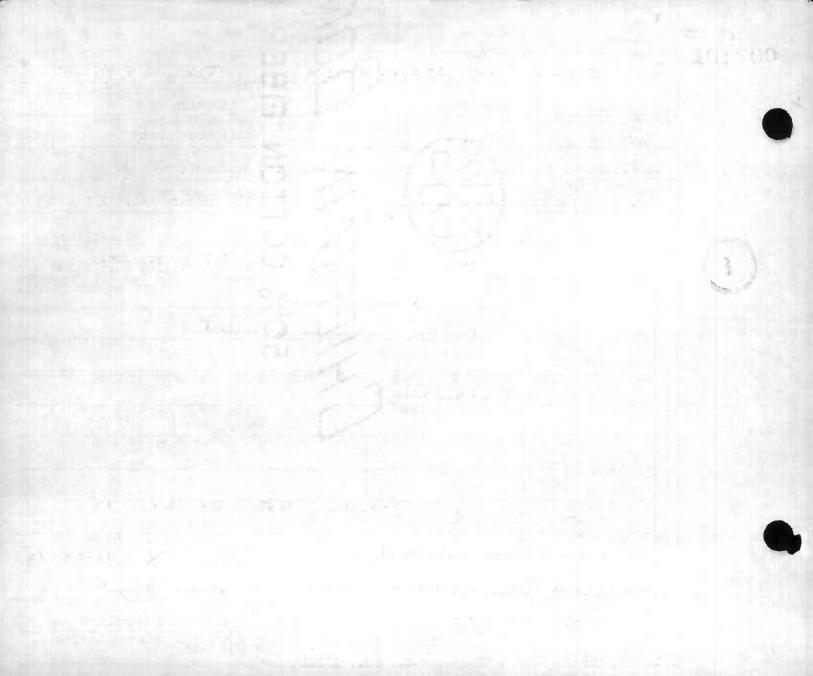
24 FUNERAL DIRECTOR

A. Alan Seitz Funeral Home

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH 354633 REGISTRAR REG. NO 20. DATE OF DEATH . DECEASED NAME 2h HOUR (TYPE OR PRINTS Lillian Frances Alder December 14 1985 IF UNDER 1 YEAR L'RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX YEAR June 24 1888 Female Caucasian TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland USA Baltimore 12a USUAL OCCUPATION B. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 711 Academy Road Conductorette Catonsville United Railway SUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13d. INSIDE CITY LIMITS? 8 Charles Plaza Apt. 2207 13c. CITY OR TOWN 21201 Maryland Baltimore 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Barbara Bossom Benjamin F. Alder 21201 17 NADFred F Alder ADDRESS An WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 8 Charles Plaza Apt 2207 Baltimore 213-10-1563 Maryland 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from the disceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did) (did nat) view the body after death THE STONIARDINE 22c. DATE SIGNED MEDICAL PHYSICIAN I DIRECTOR PHYSICIAN 22e. ADDRESS 230. BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Burial Baltimore Maryland 12-18-85 Mt. Zion Upperco Loring Byers Funeral Directors. Inc. 250 DAJE REC'D. BY REGISTRAR 230 PEGISTRAR SIGNAL DE 8728 Liberty Road Randallstown, Maryland 21133

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

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DIVISION OF VITAL RECORDS, 201

FOR - STATE REGISTRAR

1 DECEASED NAME

/ Female

Maryland CITY OR TOWN OF DEATH

Dundalk

TO BIRTHPLACE ISTATE OF FOREIGN

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(TYPE OR PRINT)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND CERTIFIC

DAY

20

5. DATE OF BIRTH

MARRIED | NEVER

MONTH

11

| ATE OF DEATH | REG. 1 |
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| | |

| | 20. DATE OF DEATH MONTH D | AY YEAR | 26 HOUR |
|-----------|---|---------------|-----------------|
| | December 12, 198 | 5 | N |
| | 6 AGE (IN YEARS LAST BIRTHDAY) | FUNDER 1 YEAR | IF UNDER 24 HRS |
| 1909 | 76 YRS | ONTHS DAYS | HOURS MIN. |
| MARRIED - | 9 BALTIMORE CITY OR COUNTY | OF DEATH | |
| MARKIED X | Baltimore Coun | ty | MD |
| TITUTION | 120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] | | F BUSINESS OR |
| lalk,Md | | | ing Co. |

| Maryland | | Baltimore | YES X NO | 415 | 1/1 | Belnord | Avenue | 2122 |
|--------------------------|-----------------------|-------------------------|------------------------|-------|-----|--------------|---------|--------|
| 4 FATHER'S NAME FIRST | WIDDLE | LAST | 15 MOTHER'S MAIDEN NAM | \E | MIE | DOLE | LAST | |
| Henry | | Trenkamp | Margaret | | | | Gall | enz |
| | IN U.S. ARMED FORCES? | 166 SOCIAL SECURITY NO. | 17 INFORMANT | | 1 | ADDRESS 7416 | St. Pat | tricia |
| No | | 220-14-8692 | Lawrence G. | Allen | | | to. MD. | |

ALLEN

11. NAME OF HOSPITAL NURSING HOME OR OTHER INS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 7416 St. Patricia Ct., Dune

MIDDLE

7h CITIZEN OF WHAT COUNTRY?

Marie 4 RACE

White

U.S.A.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 136. CITY OR TOWN

| 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA | nty one couse per line for (0), (b), and (c) ED BY. TE CAUSE (a) METASTATIC COLON CARCINOMA | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HYRJ |
|---|---|---|
| Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) | |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

| TIFICA | 1981 , 1985 | COLON CANCER | N WAS PERFORMED | YES NOW | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES | |
|---------|--|---|-------------------------|--------------------------|--|----------------|
| CAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c. HOW INJURY OCCURRE | D (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 OR PART 2) | 3.4. |
| MEDI | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOV | vn COUNTY | STATE |
| | 22a.1 certify that (1) (this hospital) | ottended the deceosed from 5/5/8 | . 19 | . 10 DEC. 13 | 7 19.85 | that (We) lost |

| sow the deceased alive on 2/6/85 above, () I we) (did (did natiview the body after death. | ond that in (my) (our) opinion death occurred on the date | and hour and from the causes stated |
|---|---|-------------------------------------|
| 27h SIGNATURE | DEGREE | 22c. DATE SIGNED |
| Hand Jucke | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | 10 12/12/85 |

224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

7801 York Rd. Suite 203, Towson, Md. 21204 Harold Tucker, M.D.

| (SPECIFY) | 12/16/1005 | Oak Lawn Cemetery | Baltimore | Maryland |
|----------------------------|------------|-------------------|---------------------------------|----------|
| Burial 24 FUNERAL DIRECTOR | | | TE REC'D. BY REGISTRAR 256, REG | |

(VRA 15, 4)

DHMH - 16 60M 7/84

BP.

PLINETAL DIRECTOR: /

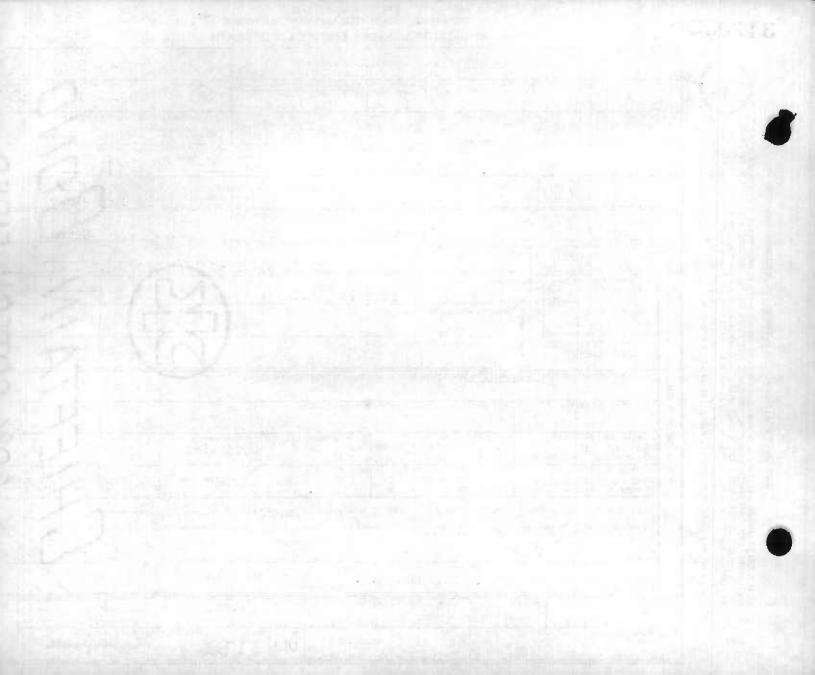
Duda-Ruck Funeral Home, Inc. Dundalk, Md. 21222

UEC 1 6 1985 Jedia Davidson Pandage

St. Patricia Ct.

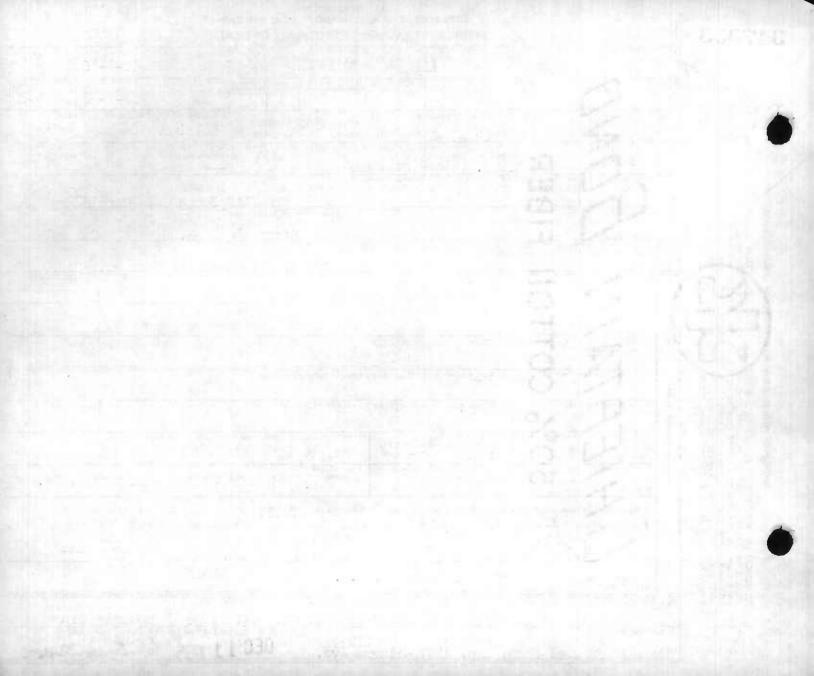
as over Market P. Estern Co., annual silver de la company de la co The - we Fr er L Don, T.c. Andels, 16. (15.) .17 98 11

| 0 | 441070 | 1. | FOR | | | D | EPART | STAT MENT OF H | | ARYLAN | | YGIENE | 5 | 3 3 | 0 9 | 1 |
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| 3 | 47052 | 1- | STATE REGISTRAR | | | MED | ICAL | EXAMIN | ER'S C | ERTIFIC | ATEO | F DEAT | TH DE | G. NO. | | |
| | | | CEASED NAME | E FIRST | | | MIDDLE | | | LAST | | 20 | DATE KNOW | | DAY YEAR | R 26 HOUR |
| | HE 482 1 | (TYF | E OR PRINT) | LIE. | ATHER | | MARIE | - 456 | ALLEI | IDER | | | OF ESTI- | X 12 | 7-85 | |
| | TO HE WAY | 1.587 | | 4. RACE | ATHER 5. DATE | OF BIRTH | MANTE | 6 AGE (IN YEA | | DER I YR. | IF UNDER | 24 HRS. 2 | . DATE | MONTH | DAY YEA | AR 24 HOUR |
| | Santa. | | 1- | TuTle is be a | MONTH | DAY | YEAR O. 4 | LAST BIRTHDA | | S DAYS | HOURS | | RONOUNCED | 12- | 7-85 | 12:25 |
| | 379-00/ | | emale | White | 7b. CITIZ | 5 EN OF WH | 84 | TRY? | - | | | 9 | BALTIMORE C | ITY OR COUN | Y OF DEATH | M |
| | の歌の長 | FC | REIGN COUNTRY) | | | | | | MARRI | D NEV | /ER MARRI | ED LX | Baltimo | - | | |
| | SE SE | 10. C | Maryla TY OR TOWN | OF DEATH | II NAM | U.S.F | | RSING HOME | | | | | LOCCUPATION | | 12h KIND OF | BUSINESS |
| | を開発を | V | | | (IF NO | T IN SUCH FAC | ILITY, GIVE S | REET ADDRESS) | | | | | ST OF WORKING LIFE | | OR INDU | STRY |
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| 20 | A SEE SE | Uo S | TATE | 13h. CO | UNTY | | 13c CITY | OR TOWN | | 13d INSIDE CI | | | T ADDRESS | | 21227 | |
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| M | 5-2220/ | F | FIRST | | MIDDLE | | | LAST | | 15. MOTHE | RST | NNAME | MIDDLE | | LAST | |
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| 1 | ON STATE | 100. Y | ES. NO, OR UNKNO | WN) (IF YES, (| GIVE WAR OR DAT | ES) | 100. 500 | IAL SECURITY | NO. | | | | | | | |
| N Y | SE PER SE | - | NO | | | | _ | | | Samu | el Al | lende | er 2971 | Bero Ro | | |
| 15 | S S S S S S S S S S S S S S S S S S S | 17 | 18 CAUSE O PART I DE | F DEATH (Enter | | | | | . 4 | la lat | ion | | | | BETWEEN ON | NATE INTERVAL |
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| 100 | NA PAGE | | BARY B GYUCE CH | CANTILLIA COMBINI | (| (c) | | | | | | | | | | |
| ONO | EMA BOOK | z | PART Z UTHER SIL | GNIFICANT CONDITI | ONS CONTRIBUTION | 6 10 DEAIN B | JI NOT RELA | TEO TO THE TERMI | NAL DISEASE | OR CONDITION | GIVEN IN PAI | RT 1 (a). | | | | |
| 9 | EAS ASE | CATION | 9a DATE OF | OPERATION | 110 | L CONDITI | ONEODI | WHICH OPERA | ATIONIA | C DEDECOR | MED2 | | | | 20 AUTOPS | |
| 3 | N T T T T T T T T T T T T T T T T T T T | F. | I THE DATE OF | OTERATION | | u. CONDITI | OITTOK | WINCHOPER | A HOIN W | 43 PERI OR/ | WED: | | | | 1 | |
| > | WANTED - | 8 | 21a EXTERNA | L CAUSE WAS | 21 | b. TIME OF | INILIRY | | 121, HC | WINHIPV | OCCUPPE | D SENTER NA | TURE OF INJURY IN IT | 75 AA 10 0 A DY 1 (30 B A | YES _ | NOXX |
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| | PERMIT SHOPE | 1 | SIGNATURE_ | - |) | | | | M. | | stant | | AL EXAMINER | SIGNE | 12-7-0 | 7.5 |
| | 95 - 598 | 1 | EXAMINER'S | NAME | Gregor | y R. I | Cauff | man, M | .D. | 1 | 111 Pe | enn S | treet | | | |
| | PACTE A PTE | 22 6 | TYPE OR PRIN | VI) | | | | | / | DDRESS_ | | Teal . C | | | | |
| | | /30.B | PECIFY) | TION, REMOVA | 4 53 . 1.4. | | | IAME OF CEN | | | | 23d. LOC CITY OF | | COUR | | STATE |
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| | (VR A15 ME (5)) | LH | ubbard | Funera | L Home | Inc. | 410 | 7 Wilke | ens A | ve. | | - A. A | J. () | | 9 | |



| | | 1. | FOR | | | C | EPART | STAT MENT OF H | | ARYLAN | | GIENE S | | 3 3 | 3 | 9 8 | 3 |
|--|--|------|--|-------------|---------------------------------|---------------------------|-------------|-------------------|--------------|---|---------------|-----------------|---------------|-----------------|--------------------|-----------|-------------|
| 347 | 7055 | | - STATE REGISTRAR | | | MED | DICALI | EXAMIN | ER'S C | ERTIFIC | CATE OF | DEATH | REG. | NO. | | | |
| | | | DECEASED NAA | 1E | FIRST | | MIDDLE | 98.0 | į. | AST | | 2a DA | TE KNOWN | | DAY | YEAR | 26 HOUR |
| | SS SS 7. | | (THE ORPRINT) | | KAI | REN | | LYNN | | ALLEN | INFR | 0 | TH MATED | Π | -85 19 | | N |
| | PLEASE CTOR. FILES. OURS FREET, | 3. | SEX | 4. RACE | | S. DATE OF BIRTH | YEAR | 6 AGE (IN YEA | | DER 1 YR. | IF UNDER 2 | | | MONTH | DAY | YEAR | 2d HOUR |
| | SASSES. | 1 | FEMALE | WHI | TE | 10 21 | 61 | 24 YR | · Incitation | DAYS | HOURS | | DUNCED EAD | 12-7 | -85 19 | , | 2.25 |
| | NE SER | 7. | BIRTHPLACE (| STATE OR | | 75. CITIZEN OF WH | AT COUN | TRY? | 8. MARRIE | D NEV | ER MARRIEI | | | Y OR COUN | TY OF DEA | TH | |
| | 25 | X | Marylar CITY OF TOWN | | | U.S.A. | | | WIDOWE | | DIVORCE | Ba | | re Cour | ity | | MD |
| | 公共を見る | | | | TH | 11. NAME OF HOSE | | | | RINSTITUT | ION | 2a USUAL OC | CUPATION (| | 125. KIND Stati | | |
| | ADD WE | PO 1 | ansdown | | | 119" S. | | | | | | Machir | ne Ope | rator | Manuf | acti | y irinc |
| 102 | SEE SEE | | SUAL RESIDENCI | | 13b. COUNT | OTHER INSTITUTION, GIV | | | (N) | 3d. INSIDE CIT | TY LIMITS? | 3e STREET AD | DRESS | | | | |
| .21 | 목독병학생 | C. I | Maryland | | Balt | imore | Lans | or town sdowne | | | | 3e STREET AD | outh Tr | win Ci | rcle | Way | |
| ₩. | NTH. | e A | FATHER'S NAN | E | | WIDDLE | _ | LAST | | FII | R'S MAIDEN | NAME | WIDDLE | | LAS | r | 4.1 |
| ORE | OF WASES | 24 | Jerry WAS DECEAS | ED EVED | INC. ADA | SD Fondson | | rte | (1)(0) | 17 INFORM | Sara | 1 610 | ADDRE | | Sha | annor | 1 |
| BALTIMORE, MD. 2120 | FTER PARE PARE PARE PARE PARE PARE PARE PA | 11 | (YES, NO, OR UNKN | OWN) | (IF YES, GIVE W | | | 0-88-17 | | | | ender 2 | | | 21 | 227 | |
| | JRS AF WITH WITH T. PAG DIVISI | 1 | | OF DEAT | 11.5 | | | | 91 | Samue | 21 A11 | ender a | 29/1 B | ero Ra | | .227 | LITE BY A L |
| ST. | | | PARTID | EATH W | AS CAUSED | one couse per line BY: | | | 4 . | | | | | | BETWEE | N ONSET A | ND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | ULD BE EXECUTED WITHIN 24 HOI "PENDING" IN PENCIL IN ITEM 1 FE MEDICAL EXAMINER ALONG ED AS A BURIAL TRANSIT PERMI HEALTH AND MENTAL HYGIENI, IL, CREMATION, OR REMOVAL. | Y | 189 | 105 | IMMEDIATI | | | SEQUENCE C | | nnala | ition_ | and the | rmal | injuri | 3 \$ | | |
| RES | HIN FR A NSI | | | | ny, which | | | | | | | | | | | | |
| * | MIN TRA | | couse (c | a) stoting | immediate the <u>under</u> - | DUE TO, OR | AS A CON | ISEQUENCE C |)F | | | Jane | | | | | |
| 201 | ON ALA | | lying co | use lost. | | (c) | | | | | | | | | | | |
| SOS | WAT BE STORY | | | SIGNIFICANT | CONDITIONS C | ONTRIBUTING 10 DEATH B | UT NOT RELA | TEO TO THE TERMI | NAL DISEASE | OR CONDITION | GIVEN IN PART | 1 ia. | | | | | |
| 0 | MEDINAS A EALTH | | 5 | | | | | | | | | 3.34 | | | 100 | | |
| 4 | SHOULD ORD "PE CHIEF A E USED I T OF HE | 5 | 19a. DATE O | FOPERA | TION | 19b. CONDIT | ION FOR V | WHICH OPERA | ATION WA | S PERFORA | MED? | | | | 20 AUT | OPSY? | |
| N V | WORL WORL F CH SNTO | | 190. DATE O | AL CALIS | FWAS | 21b. TIME OF | INTUINV | | Tat. 110 | 4/ 15 (1) (1) | 0.00010000 | | | | | | NOXX |
| 0 | CERTIFICATE SHOULD SITING THE WORD "PEI SEED TO THE CHIEF M SEE USED A SEED SHOULD BE USED SEED SHOULD | 2 | | G X | OR | HOUR A.M. | MONTH | DAY YEAR | | | | (ENTER NATURE O | | 18 PART I OR PA | RT 2) | | |
| Siol | SHO TO | 1 | UNDERLYIN CONTRIBUT 21d. INJURY WHILE | | | 21e PLACE C | FINJURY | (AT HOME. | 121f. LOC | | III a | nousefi | re | | | | |
| N | S CE REFERENCE S | 7 | WHILE AT WORK | NOT Y | WHILE X | | | | | | Twin (| Circle of | Lanso | downe.co | Mary | land | STATE |
| | WNER: THIS CERTII FICATE, WRITING E FORWARDED TO TOR: PAGE 3 SHO 1 THE STATE DEPA (AND, 21201 PRIG | X | AI WORK | ~ · · · · · | OKK | | | | | (-) | | | [] | | | | |
| | FICATE FOR THE S | 1 | | | | of the remains desc | | | Autopsy | _ | Inspection | | , | ond in my or | mion | | |
| | REC NITH | 7 | death resul | rea trom: | Natu | Tooline . | Accident | LA, Suid | cide, | Hamici TITLE (SF | | Undetermined | monner | ١, | | | |
| | TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FO TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARY (AT | 1 | ACTUAL SIGNATURE | | V | VV | | | Α Γ | | | MEDICAL EX | AMINIED | DATE | D 12- | 7-85 | |
| | MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH | 7 | | | 7 | | | | | | | | | SIGINE | | | |
| | TO MEDI EXECUTE PAGE 4 TO FUNI AFTER DE | | EXAMINER'S | INT) | Gre | gory R. K | auffm | ian, M. | DA | DDRESS_ | 111 | Penn St | reet | | | | |
| | TX Z T Z Z | 23 | BURIAL, CREMA | ATION, RE | | | | NAME OF CEM | | -,,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 23d. LOCATIO | | COU | | STAT | |
| 07/84 25M | BP | 2 | Bu) | cial | | 12/12/85 | Me | eadowri | | | | Elkric | | Howar | | ryla | and |
| 80777 | DHMH - 17 | 1 | NAME | | 100 | ADDRESS | 4 | | 21229 | | OF C | C'D. BY REGIS | IKAR ZOO RE | GISJRAR'S S | IGNATUR! | The same | |
| | (VR A15 ME (5)) | | Hubbard | Fune | eral H | ome. Inc. | 410 | / Wilke | ens At | ze. | | | TOPA (1- | | | | |

| | | | FOR | | | DEPARTA | | OF MARYLA | | YGIENE | 5 3 | 3 | 9 | 9 |
|---|-----------------------------|----------------|---------------------------------|---------------------|----------------------------------|--------------------|-----------------------------------|------------------|------------------|-------------|---------------------------------|---------------------|-------------------|--------------|
| 34705 | 3 | | STATE REGISTRAR | | M | EDICALE | XAMINE | R'S CERTIF | ICATE C | F DEAT | H REG. | NO. | | |
| OHIO | | | CEASED NAME OR PRINT) | E FIRST | | MIDDLE | | LAST | | 2a | DATE KNOWN | NONTH X | DAY YEAR | 2b. HOUR |
| NAME. | 58 | (III | CORPRINT | RO | GER | LE | E | ALLEND | ER | | OF ESTI- | □12 - 7- | -85 ₁₉ | ^ |
| 2000 | STRE | 3. SEX | | 4 RACE | 5. DATE OF BIRT | H YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YE | R. IF UNDER | | DATE | HTMOM | DAY YEAR | 2d. HOUR |
| Sagar. | do | | MALE | WHITE | 12 2 | | 2 YRS. | | 1100110 | | DEAD | 12-7- | 17 | 12:2 |
| A SERVE | 146 | | RTHPLACE (S | TATE OR | 7b. CITIZEN OF | WHAT COUNT | RY? | MARRIED | VEVER MARR | IED 32 | BALTIMORE CIT | | | |
| 3223 | 14 | 10.61 | Marylar TY OR TOWN | nd | U.S | | | IDOWED [| DIVORC | | Baltimor | | | MD |
| PACK FRIED | 10 | | Lansdov | | 11. NAME OF HE | FACILITY, GIVE STI | REET ADDRESS) | lay | TUTION | | OCCUPATION TOF WORKING LIFE) | (TYPE OF WORK | OR INDUST | IRY |
| MD. 21201 IH. IF ANY DEA II, 2, AND 3TO M. 3. RETAIN PE 2.2 SHOULD BE F | 807 | USUA 13a. S | | (IF IN NURSING HOM | E OR OTHER INSTITUTION, | | DR TOWN | haa insin | E CITY LIMITS? | 13e. STREET | ADDRESS | | 21.007 | |
| 2120 2120 AND AND RETA | 500 | EU1 | ryland | | ltimore | | sdowne_ | YES | - | 1 | South Tw | in Circ | 21227 cle Way | |
| MD. 1, 2, 18 | ED. | | THER'S NAM | | WIDDLE | | AST | 15 MOT | HER'S MAID | ENNAME | WIDDLE | | LAST | |
| ORE, M DEATH. GES 1, M PM | 30U | | Samue! | | | | ender | | Karer | 1 | L. | | Carte | |
| TIMOR TER DE FORM FORM | ž / | 16a. V | VAS DECEASE ES, NO, OR UNKNO | DEVER IN U.S. A | RMED FORCES? | 16b. SOC | AL SECURITY N | O. 17. INFO | RMANT | | ADDR | ESS | | |
| BALTIMORE, S. AFTER DEAT GIVE PAGES TITH FORM P. | 188 | | NO | | | | - | San | nuel A | llende: | r 2971 F | Bero Rd | 2122 | |
| : 5 m ≥ i | E, D | 7 | 18 CAUSE C | OF DEATH (Enter of | anly one cause per li SED BY: | | | at inha | lation | | | | BETWEEN ONSE | ET AND DEATH |
| W. PRESTON ST. WITHIN 24 HOLENCIL IN ITEM 16 TRANSIT PERMIT | SIEN VAL. | | 70 | | ATE CAUSE (o) | | SEQUENCE OF | ot inha | Tation | | | | | |
| S ZZKE | | | Conditio | ns, if any, which | | DR AS A CON: | SEQUENCE OF | | | | | | The state of | |
| WIT WITH | Ea | H. | | se to immedia | | P AS A CON | SEQUENCE OF | | | _ | | | | |
| | | | lying co | | | M AS A COM | DEGOETACE OF | | | | | | | |
| N 0: | HEALTH AND MILL, CREMATION, | | PART 2 OTHER S | IGNIFICANT CONDITIO | NS CONTRIBUTING TO DEA | IN BUT NOT RELAT | EO TO THE TERMINA | OISEASE OR CONO! | TION GIVEN IN PA | RT 1 in | | | | |
| ECORDS D BE EXE ENDING MEDICA AS A BL | REM | NO | | | | | | | | | | | | |
| ULD WEED A | OF HEA | CERTIFICATION | 19a. DATE OF | OPERATION | 195. CON | OITION FOR V | HICH OPERAT | ON WAS PERF | ORMED? | 27.13 | | | 20 AUTOPSY | 13 |
| VITA SHO VORD VORD SE US | BURIAL, | TIFF | | | 200 | 1 | | | | | | | YES 🗌 | NO X |
| OF OF THE WID B | MEN TO B | | 21a. EXTERN. | AL CAUSE WAS | 21b. TIME | OF INJURY | DAY YEAR | | | | URE OF INJURY IN ITEM | A 16 PART I OR PART | 2) | |
| SO 플로 이 | A A | MEDICAL | CONTRIBUTI | NG CAUSE O | | ₽M°12- | | | t in a | nouse | rire | | | 38.5 |
| OER OER DED | 987 | MED | WHILE | | CYBERY 6 | E OF INJURY | | 119 S | . Twin | Circ | TOOR IS THE | Lanseen | wne, Mo | STATE |
| DIVISION OF VI R: THIS CERTIFICATE SI TIF, WRITING THE WO SWARDED TO THE CO R: PAGE 3 SHOULD BE | 32 | | AT WORK | AT WORK | × SIREEL, F | home | | 119 2 | • 144 111 | | ic nay | Luiisao | | |
| # 2 2 8 | 地名人 | | 22a. 1 cert | fy that I took cho | orge of the remains o | | 7 | Autopsy | Inspectio | n X), | Inquiry . | ond in my opi | nion | |
| NEW CO | E3/ | | deoth result | ed from: No | tural couses . | Accident | X, Suicio | e 🔲, Hor | micide . | Undeterm | ined monner | ١. | | |
| 2002 | NA N | | ACTUAL | M | 1 1 | | | | (SPECIFY) | + | | DATE | 12-7-8 | 5 |
| 3 | E SE | | SIGNATURE | 1 | 1 | | | | | | LEXAMINER | SIGNED | 12 / 0. | |
| SE 4 PE | ER D | | EXAMINER'S (TYPE OR PRI | NAME NT) | Gregory | R. Kau | ttman, | M.D. ADDRESS | | enn St | reet | | | |
| TO MEDICAL EXAM EXECUTE THE CETTE PAGE 4 SHOULD BE TO FUNERAL DIREC | BAI | 23a.Bl | | TION, REMOVAL | 23b DATE | 23c. N | AME OF CEME | ERY OR CREMA | | 23d. LOCA | TION | COUNT | · · · · · | 7.15 |
| 07/84 RP | 311 | | Bur | rial | 12/12/8 | 5 Me | eadowrid | lge Mem. | Pk. | Elkr | idge | Howard | Md. | TATE |
| 25M DHMH - | 17 | 24. FU | NERAL DIREC | TOR | ADDRE | | | 21229 | 250. DATE | | | EGISTRAR'S SIG | | |
| (VR A15 M | NE (5)) | H | ubbard | Funeral | Home, Inc | c. 4107 | Wilker | is Ave. | | EU 11 | 1985 9 | Peolia Davi | Ison-Ron | della |



- STATE DECEASED NAME

Male TO BIRTHPLACE ISTATE OR FOREIGN

4 FATHER'S NAME

Maryland

10 CITY OR TOWN OF DEATH

(TYPE OR PRINT)

STATE OF MARYLAND

| DEPARTMENT | OF | HEALTH | AND | MENTAL | HYGIENE |
|------------|-----|--------|-----|--------|---------|
| CE | RTI | FICATE | OF | DEATH | |

| UF | HEALTH. | AND | MENTAL HYGIENE |
|----|---------|------|----------------|
| TI | FICATE | OF I | DEATH |

| | CERTIFICATE OF DEATH | REG. NO. | | | |
|-------------------------------------|--|---------------------------------|--------------------------------|----------|--------|
| MIDOLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOU | IR |
| D DAVIS AMME | LL | DECEMBER 1 | 7.1985 | 9: | PA |
| ACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER | 24 HRS |
| White | December 4,1905 | 80 YRS. | MONTHS DAYS | HOURS | MIN. |
| CITIZEN OF WHAT COUNTRY? | 8. | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | | |
| USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore | County | 100 | WE |
| THE NOT IN SHICK EACHITY CINESTREES | ADDRESS) Home of Maryland | Construct fonking Wireman | 126 KIND O INDUSTRY B.G. | & E. | SSOR |

| Towson | Pres | byterian | Home | of | Mar | yland |
|----------|---|-----------------|------|----------|---------|------------|
| s. STATE | NG HOME OR OTHER INSTITUTION 136 COUNTY | 13c CITY OR TOW | /N | 1 13d. I | NSIDE C | STY LIMITS |
| Maryland | 4 | Baltimo | re | YES | X | NO I |

76 CITIZEN OF WHAT COUNTRY?

LAST

Y LIMITS? YES A 15 MOTHER'S MAIDEN NAME

Della Huhn

1107 E. Belvedere Ave. 21239

B.G. & E.

Charles S. Ammell 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

AT WORK

EDWARD

4 RACE

166 SOCIAL SECURITY NO 17 INFORMANT

ADDRESS Mrs. Rosalie Robertson, Administrator

YES NO OR UNKNOWN) 213-03-3447 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: CARDID-DUI MIW IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE

| 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERA | TION | VAS PERFORMED | 200 AUT | | 20b. IF YES, WERE FI | |
|---|---|------|-----------------------|---------------|----------------|-----------------------------|---------|
| | | | | YES 🗌 | NON | YES | NO 🗌 |
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 216. TIME OF INJURY HOUR A.M. MONTH DAY YE | AR 2 | It. HOW INJURY OCC | URRED (ENTERN | ATURE OF INJUR | RY IN ITEM 18 PART I OR PAR | 17.2) |
| (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. 1 | 19 | | | | | |
| 21d INJURY OCCURRED | 21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE FARM, ETC. | | IF LOCATION STREET | Depart of | CITY OR TO | wn COUN | Y STATE |

| 22a.1 certify that (I) (this hospin | all ottended the de | ceosed f | rom | 15B.6 | 0, 19_85 | to Dec 17 | , 19_\$\$, that (I) (we) le |
|--|---------------------|----------|-------|------------------|----------------------------------|-----------------------------|---------------------------------|
| saw the deceased plive on above, (1) (we) (abd) (did not | view the body ofter | r death. | 19_85 | , and that in (m | y) (our) opinion dea | th accurred on the date and | hour and from the causes stated |
| 22b. SIGNATURES | 0 | 1 | | DEGREE | | | 22¢ DATE SIGNED |

ATTENDING 22e ADDRESS

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

Sidney J. Venable, Jr., M.D.

7215 York Rd. Baltimore. Md.

21212

230 BURIAL, CREMATION, REMOVAL Burial

23b. DATE Dec. 20.1985

236 NAME OF CEMETERY OR CREMATORY Loudon Park

Baltimore City, Maryland

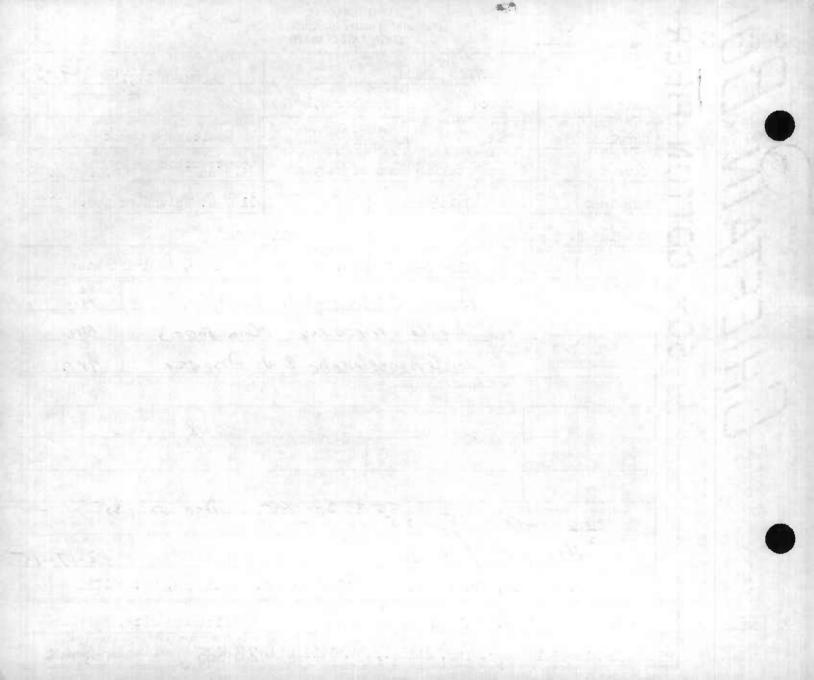
24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. Balto., Md.2121

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE who Davidson-Randelle

DHMH - 16 60M 7/84 (VRA 15, 4)

id be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST



DEPARTMENT OF MEALTH AND MENTAL HYGIENE STATE 358012 CERTIFICATE OF DEATH 2ª DATE OF DEATH MONTH 26 HOUR I. DECEASED NAME (TYPE OR PRINT) Iva M. Amos December 20 IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) SEX 4 RACE January 30 1894 Female Caucasian BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore County United States 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH INDUSTRY Edenwald Nursing Home Office Clerk Towson SUAL RESIDENCE (IF NURSING HOME OR OTHER ASTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3804 Egerton Road 136 COUNTY 13¢ CITY OR TOWN Baltimore YESX 21215 Maryland 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST LAST MIDDLE MIDDLE Elice M. Hosler William S. Amos 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. IIMesMAPat Martin ADDRESS (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 200 Southerly Road 216-09-8083 Towson Maryland no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and ignormal part I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate couse (o), stoting the underlying cause last CONDITIONS CONTRIBUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to NO 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF TOWN AT HOME STREET FACTORY, OFFICE, FARM ETC) NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. DEGREE 226 SIGNATURE 22c DATE SIGNED STAFF PHYSICIAN LDIRECTOR PHYSICIAN 22e ADDRESS bould be COUNTY Burial Freeland 12-23-85 Mount Zion Cemetery DEC 20 1985 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. DHMH - 16 60M 7/84 8728 Liberty Road Randallstown, Maryland 21133 (VRA 15, 4)

Samuel Principle

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W. PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201

FOR - STA REG

CERTIFICATION

MEDICAL

rhed or

DRIANT

STATE OF MARYLAND

| - STATE REGISTRAR | DET ARTI | CERTIFICATE OF DEATH | REG. NO. | 4 |
|--|------------------------------|---|-------------------------------|---------------------------------|
| I. DECEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| (TYPE OR PRINT) Jam | nes Nichola | s Amos | 12/25/65. | 6:55m |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH | 4.710= 1 | IF UNDER 1 YEAR IF UNDER 24 HRS |
| Male | White | MONTH JOAY YEAR | 76 YRS. | MONTHS! DAYS HOURS MIN. |
| 70. BIRTHPLACE STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| Pennsylvania | USA | MARRIED WIEVER MARRIED WIDOWED DIVORCED | Batto. Co | ounty MD. |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | NG HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| Towson | 9+ Joseph | Flogpital | Laborer | State Roads |
| USUAL RESIDENCE (IF NURSING HOME) 130. STATE 136. CC | | E ADMISSION) 13d. INSIDE CITY LIMITS? | 136.STREET ADDRESS / ZIP CODE | horty M su |

| E) | | Baltimore | WITH PLUT | IES NOT | 10014 | W. KIN | 1119101.0 | LI |
|-----|--|---|--------------------------------------|-----------------------------|------------|---------|-----------------------|----|
| 1 | 14 FATHER'S NAME Charles | MIDDLE A. | Amos | 15 MOTHER'S MAIDEN NA Theod | | | Keech | |
| | 160 WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes | IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WW II | 166 SOCIAL SECURITY NO. 213124090 | A Mary P. | Amos, 20 | | Liberty Re | d. |
| | | H (Enter anly one couse per AS CAUSED BY: IMMEDIATE CAUSE (a) | A cute respire | obry Roul | 2116 40 | 1 | BETWEEN ONSET AND DEA | тн |
| | Canditions, if any, | DUE TO, O | RAS A CONSEQUENCE OF | 30 | Immonay | dispaso | montle | 2 |
| 100 | gove rise to immor cause (a), stating | g the DUETO, O | R AS A CONSEQUENCE OF | | | | | |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY

220 I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

226 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

MD

St. Joseph Hosp., Towson, Md. 21204

DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE St. James Epis. Ch. Cem. Monkton Md. Buria 12/29/85 Balto.

NOT WHILE

Lowell Lemmon, 10 W. Padonia Rd 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FUNERAL DIRECTOR

CASSES. The same of the sa Last on the contact of the contact o

| 353196 | FOR 1 - STATE REGISTRAR | DEP | STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | SIENE REG. NO. |
|--|--|--|---|--|
| oge 3 | 1. DECEASED NAME FIRST (TYPE OR PRINT) Irene | MIDDLE L. | Argabright | 26. DATE OF DEATH MONTH DAY YEAR 12. HOUR P.M. 12. 12. 85 1.05 |
| ge 4 mey ector, pag irs after de | 3. SEX Female | 4 RACE White | 5. DATE OF BIRTH MONTH 1 28 1884 | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. 101 YRS. |
| nerol din 72 bou | 70. BIRTHPLACE (STATE OR FOREIGN COUNTMARYLAND | U.S.A. | RY? 8. MARRIED NEVER MARRIED WIDOWED X DIVORCED | Baltimore County Baltimore County |
| by the fu | Cockeysvill | (IF NOT IN SUCH FACILITY, GIVE S Maryland Mas | sonic Home | 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker 126. KIND OF BUSINESS OR INDUSTRY |
| filled in sould be | USUAL RESIDENCE (IF NURSING HOM 138. STATE 186 CC | OR OTHER INSTITUTION, GIVE RESIDENCE 134, CITY OR Balt | more YES X NO | 130 STREET ADDRESS 3811 Canterbury Rd. 21218 |
| St. C. | Walter H. B | | | e Whiteford |
| be excon and co. Pages | (YES, NO OR UNKNOWN) (IF YES, | GIVE WAR OR DATES) | 2-0378 Maryland Mas | onic Homes, Cockeysville, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| RDS, 201 W. PRESTON ST., BA equires that the death certifications in signed by the attending physic. Then please remove carban paper to burial, cremotion, or removal injury, or other traumatic event, the contract of the statements of the statement of the statem | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN | DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) | EQUENCE OF | NINAL DISEASE OR CONDITION GIVEN IN PART TIO |
| TAL RECOI | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | IICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. After this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be harked or them 18 shows any injuri | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | DEATH HOUR A.M. MONTH | DAY YEAR 19 21f LOCATION | RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE |
| HOSPITAL OR ATTENDI uned by the hospital or FUNERAL DIRECTOR. A wild be detached for use the State Dept. of Heal ORTANT: if them 21 is m | 22a.l certify that (I) (this ha | 100; view the Gody offer death | , and that in (my) (our) opinion DEGREE ATTENDING | death accurred on the date and hour and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN |
| PP | 23a. BURIAL, CREMATION, REMOV | | 236 NAME OF CEMETERY OR CREMATORY Lorraine Pk. Maus. | 23d. LOCATION CITY OF TOWN Baltimore Baltimore Marylan |
| DHMH - 16 50M 4/82 (VRA 15, 4) | 24 FUNERAL DIRECTOR NAME Mitchell-Wied | efeld 6500 Yo | | TE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |

| 12 12 83 1.0 | dig. 568-3A |
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DHMH - 16 60M 7/B4 (VRA 15, 4)

23b DATE

12-23-85

230 BURIAL, CREMATION, REMOVAL

Entombment

24 FUNERAL DIRECTOR

Dulaney Valley M.G.

BALTO. MD. 21236

23t NAME OF CEMETERY OR CREMATORY

Baltimore, Maryland 7201 Belain Rd. 18 PATERECP BY BEGISTRARIZE REGISTRARIS SIGNATURE

23d. LOCATION CITY OF TOWN COUNTY

85

22¢ DATE SIGNED

STATE

2h HOUR

12b. KIND OF BUSINESS OR

Carter

1:20p M

61.:1 = 103/31 Policinora County 77. TOUGHT THE THE TANK Tr ord Ir other on Tobacce The Process Concerning C. L.E. TT. 6 Paris moder And the second s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINTS Brandt 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED L Maryland United States DIVORCED [CITY OR TOWN OF DEATH INDUSTRY Homemaker Housewife USUAL RESIDENCE (IF NURS 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 73 Cedar Avenue Towson, 21204 Baltimore Maryland Towson FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Deckelmann Emil Josefine Peter Brandt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 217-60-3006 Edward E. Brandt 73 Cedar Avenue Towson, M.D. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: TRAC IMMEDIATE CAUSE (0) ANE MIAN Conditions, if ony, which gove rise to immediate couse (a), stating the BRAIN SYNDROMA underlying couse CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME STREET FACTORY, OFFICE FARM ETC.) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (exc) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN

00

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Funeral Home 6500 York Road

230 BURIAL, CREMATION, REMOVAL

Burial

Moreland December 27.1985

23c. NAME OF CEMETERY OR CREMATORY

Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ina Davidson-Mandala

entrand Caltimore (To son 120 control 122 Center Avenue No. 2120) I house to got the same mil shot the long rolet . Itel 217-60-2000 deed . srands 73 cets by and essen, . . .

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nicall-sincereld uponal form 6500 tork heads filt 2/723b ----

E. Lowell Lemmon

STATE OF MARYLAND

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| FOR | | | |
|-------|--|--|--|
| STATE | | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | | CERTIFICA | TE OF D | EATH | REG. | ٧٥. | | | |
|--|------------------|--|---------------|-----------|--------------|---------------------------|----------------------------|-----------------|----------|------|
| CEASED NAME | FIRST | MIDDLE | LAST | | | 20. DATE OF DEATH | MONTH | DAY YEAR | 25 HOL | JR . |
| | BALDWIN, | JOSEPH | Α | (JR. | .) | | 12/28 | 3/85 | 1114 | +7A |
| X | 4 RACE | | 5. DATE OF BI | RTH | | 6 AGE (IN YEARS LAST ! | | IF UNDER 1 YEAR | IF UNDER | |
| MALE | | WHITE | 2 MONTH | 12 | 20 | 65 | YRS. | MONTHS DAYS | HOURS | MIN, |
| irthplace (State ORI country) Maryland | FOREIGN 75 CITIZ | EN OF WHAT COUNTRY? | MARRIED 2 | | ARRIED ORCED | 9 BALTIMORE CITY BALTI | OR COUNTY MORE DUNTY | OF DEATH | | WE |
| TOWSON | | ME OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVE STREET T JOSEPH - | | | TUTION | TYPE OF WORK FOR MOST | | 12b. KIND C | | |
| AL RESIDENCE (IF NURS | 136. COUNTY | 130 CITY OR TOW | /N 113d | INSIDE CI | TY LIMITS? | 13e STREET ADDRESS | | | | |

| IND | DALI | 1000011 | | ILS NO LA | 1 121 | 3 WINE | SPRING LANE |
|-------------------|-----------|----------|-----|-----------------------|-------|--------|-------------|
| 14. FATHER'S NAME | | 100 | | 15 MOTHER'S MAIDEN NA | AME | | 2120 |
| Joseph | Alloysius | Baldwin, | Sr. | ₿elle | Laib | WIDDLE | LAST |

ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Margaret M. Baldwin 215-12-0673 WW II Yes

Same

18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (o), stating the CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

| 146 DATE OF OPERATION | 198 CONDITION FOR WHICH OPERATION | N WAS PERFORMED | 700 AUTO | | IN CERTIFYING CAUSE | |
|--|---|------------------------|----------------|--------------|--------------------------------|-----------------|
| | | | YES 🗌 | NO | YES 🗌 | NO 🗌 |
| 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c HOW INJURY OCCU | RRED (ENTERNAT | URE OF INJUR | Y IN ITEM 18 PART I OR PART 2) | |
| 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) | 211 LOCATION STREET | | CITY OR TO | COUNTY | 1000) |
| 22a I certify that (I) (this hospital) | attended the deceased from | 100 19.50 | 0 to 2 | 5 6 | 120 110 | that (it (m) la |

apinian death accurred an the date and have and from the causes stated DEGREE

ATTENDING

Charles F. O'Donnell, MD.

7501 York Road

Towson, Md. 21204

230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY
Druid Ridge 236 DATE Pikesville, Baltor Co., Md. Burial 31,1985

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

MEDICAL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Mitchell-Wiedefeld Home, Inc. Balto., Md.2121

A C. E. A C. P. N. SECON. L. I HOUTSH. BUT SEE STATE The state of the s

Leonard J. Ruck, Inc., 5305 Harford Rd.

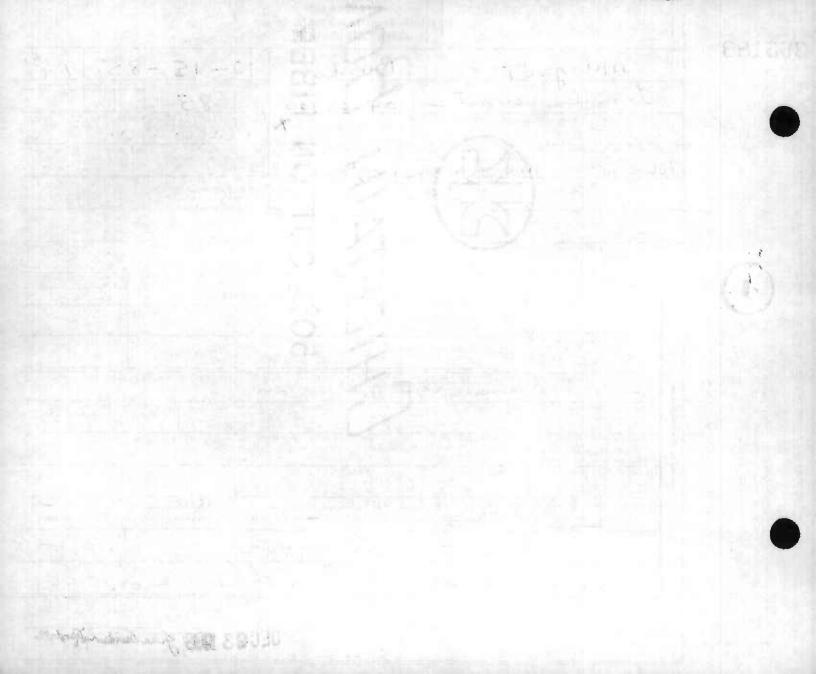
(VRA 15. 4)

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73,0 L

Legenned S. suck, Inc., 9307 Marford Md.

STATE OF MARYLAND



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | | | REG. NC | /. | | | | |
|--|----------------------------|----------------------------------|--------------------------|--------------------------------------|--------------|-------------------|------------|-----------------|--|
| 1. DECEASED NAME FIRST | WIDDLE | | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HO | JR | |
| Jame | The The | omas B | arthol | D | ec. | 12 1985 | 1.5 | SOM | |
| 3 SEX | 4 RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | | MONTHS DATS | IF UNDER | 24 HRS | |
| Male | White | Ma | 10 1005 | 60 | YRS | | | | |
| 70. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT C | OUNTRY? 8. | D M NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| Pennsylvania | USA | WIDOW | | Baltimore County | | | | | |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITA | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | 12b. KIND C | F BUSIN | ESS OR | |
| Lutherville | 1003 W. S | · · | ve. | Director - | | Rai | lros | ld | |
| USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COU | | DENCE BEFORE ADMISSION) YOR TOWN | 113d INSIDE CITY LIMITS? | Administ | | | - 75% | THE R | |
| Maryland Ba | ltimore Lu | therville | | 1003 W. S | emi | nary Av | ve., | 2109 | |
| 14. FATHER'S NAME | MIDDLE | LAST | 15 MOTHER'S MAIDEN NAM | WIDDLE | | IAS | 51 | | |
| Paul | Julius | Barthol | Lida | May | | Ing | gran | n . | |
| 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SO | CIAL SECURITY NO. | 17 INFORMANT | ADDRE | | | | BUS | |
| No | - A2 | 201-14-617 | 2 Marilyn | J. Barthol, | | | | | |
| 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS | nly one couse per line far | (a), (b), and (c) | 0 | Ave., 210 | 93 | BETWEEN | MATE INTE | RVAL D DÉATH | |
| | TE CAUSE (0) Re | lantone | n 10 Kio | er | | | | | |
| | DUE TO, OR AS A | CONSEQUENCE OF | | | | 10 | 183 | | |
| Canditians, if any, which gave rise to immediate | ((b) | -0 (0 | em | | | | 100 | | |
| couse (0), stating the | DUE TO, OR AS A | CONSEQUENCE OF | | | | | | | |
| underlying couse last. | (c) | | | | | | | | |
| | CONDITIONS CONTRIBL | JTING TO DEATH BUT | NOT RELATED TO THE TERMI | nal disease or cond | ITION GIV | VEN IN PART 1 | 0 | | |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | Tink CONIDITION E | OR WHICH ORERATIO | NAL WAS DE DE ORMED | 20a AUTOPSY? | 201 IEVE | C WERE FINIDIR | NCC UCE | | |
| DATE OF OPERATION | 198 CONDITION PO | OR WHICH OPERATIO | IN WAS PERFORMED | 10 1 | IN CERTI | S, WERE FINDIN | OF DEA | TH? | |
| 21g. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJUR | v | 21c HOW INJURY OCCURR | YES NO | 1 | ES . | NO [| | |
| | HOUR A.M. MO | ONTH DAY YEAR | THE HOW INSORT OCCORRI | ED TENIER NATURE OF INJUR | Y IN TIEM IS | PART I OR PART 2) | | | |
| OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED | P.M. 21e PLACE OF INJU | 19 | 211 LOCATION | | | | - | | |
| WHILE NOT WHILE | | ORY OFFICE FARM, ETC.) | STREET | CITY OR TOV | VN | COUNTY | | STATE | |
| | and the days | | 016 1065 | Ner | 13 | 10 86 | .1 . 1 1 | | |
| 22a. I certify that (I) (this hosp saw the deceased alive a | 12-12 | 19 95 | nd that in (my) | eath accurred an the da | te and hav | ur and Iram the | that (I) (| we) last | |
| abave, (1) (we) (de (did n | at) view the bady after de | ath. | DEGREE | | | 22¢ DATE | | | |
| 12 | and the second second | | ATTENDING I | MEDICAL STAF | | | 1-83 | | |
| 22d. PHY'S CIAN'S HAME (TYPE | OR PRINT) | | 22e ADDRESS | DIRECTOR PHYSIC | AN | | | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | D | 3025 Booch | h Ave., Ba | 1+0 | ьм | | | |
| Peter Van B | | | EMETERY OR CREMATORY | 123d LOCATION | 110. | , with | | | |
| (SPECIFY) Burial | 12/14/85 | | y Valley Cem | | m | Balto. | N | vrd. | |
| 24 FUNERAL DIRECTOR MA | 1 0 | ~~ | | REC'D. BY REGISTRAR | Sb. REGIST | TRAR'S SIGNAT | URE | | |
| Martin D. Law | | Padonia F | | FC 1 6 1985 | 100 | Davidson | -Mand | مالا | |

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR.

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO | |
|----|---|---|------------------------------------|-------------------------------|--|
| ì | DEGLASED NAME FIRST | MIDDLE | LAST | | ONTH DAY YEAR 26. HOUR |
| j | KATHEI | RINE P. | BEIGEL | /2- | 15-85 7:34 |
| 1 | 3: 5EX | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTH | |
| 1 | FEMALE | WHITE | SEPT. 11.1897 | 88 | YRS. MONTHS DAYS HOURS MIN. |
| J | To BIRTHPLACE STATE DEFUSEION COUNTY) | 76 CITIZEN OF WHAT COUNTRY | | 9 BALTIMORE CITY OR | |
| ij | MARYLAND | U.S.A. | WIDOWED X DIVORCED | | E COUNTY MD. |
| Z | IR CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | ING HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATIO | |
| | TONSON | ST Joseph | HOSPITAL | HOUSEWIF | |
| | USUAL RESIDENCE (IF NURSING HOME OF | NTY 136 CITY OR TO | WN \$13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / | |
| 4 | | TIMORE 2123 | | | OW OAK RD. 21234 |
| 1 | 14 FATHER'S NAME | RUMPE | 15. MOTHER'S MAIDEN N LOUISE | MIDDLE | LAST |
| A | 160 WAS DECEASED EVER IN U.S. AR | | | ADDRES | s 21234 |
| | | ve war or Dates 212-09- | | BEIGEL851 | 2 WILLOW OAK RD. |
| ı | - | | andic | | APPROXIMATE INTERVAL |
| J | | nly ane cause per line far io) (b), of ED BY. TE CAUSE (o) | eumonia a | nd Seps | 75, |
| 1 | IMMALDIA | DUE TO, OR AS A CONSEO | | | |
| ı | Conditions, if any, which | (15) | OUNCE OF | | |
| ij | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQ | LIENCE OF | | |
| | underlying cause last. | (c) | OLNCE OF | | |
| ı | | CONDITIONS CONTRIBUTING TO | D DEATH BUT NOT RELATED TO THE TER | RMINAL DISEASE OR COND | ITION GIVEN IN PART 11a |
| d | THE DATE OF OPERATION: | | | | |
| ľ | 196 DATE OF OPERATION | 196 CONDITION FOR WHIC | CH OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| | at Ta | | | YES NOW | YES NO |
| d | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR 216 HOW INJURY OCCU | JRRED (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR PART 2} |
| 1 | (IF EITHER NOTIFY MEDICAL EXAMINE | R) P.M. | 19 | | |
| | M SIM NUMBER OCCURRED | (AT HOME, STREET, FACTORY, OFFICE | 211 LOCATION STREET | CITY OR TOW | N COUNTY STATE |
| ı | al work at work | | 19 11 | - 17 | 15 6- |
| ï | The certify that (I) (this hasp | ital) attended the deceased from | | on death assured as the death | e and haur and fram the causes stated |
| ı | Obove_(I) (we) (did) (did no | at) view the bady after death. | DEGREE | or death occurred on the dat | |
| | DH/ | Solad m | ATTENDING | AMEDICAL _ STAFF | 22c. DATE SIGNED |
| | THE PHYSICIAN & NAME (TYPE C | OR PRINT) | PHYSICIAN 22e ADDRESS | DIRECTOR PHYSICIA | an [] |
| | | LADI, MD. | 7600 0 | SLER Dr | To wson 21204 |
| | 23a. BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | | |
| | BURIAL | DEC.18, '85MC | RELAND MEM. PAF | RK BALTIMOR | E CO. MD |
| | 24 FUNERAL DIRECTOR | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | bb. REGISTRAR'S SIGNATING ARE |

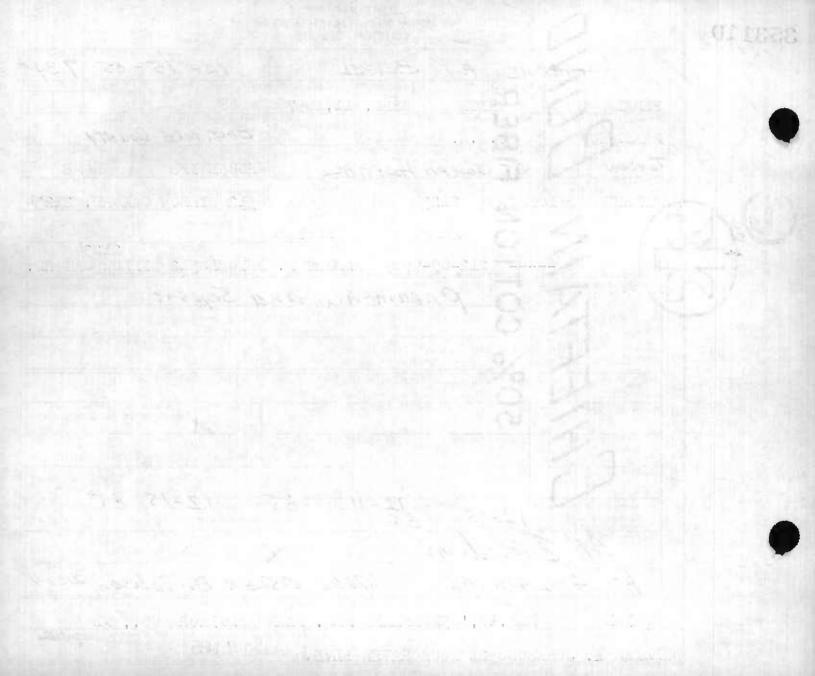
JOHNSON8521 LOCH RAVEN

DHMH - 16 60M 7/84

(VRA 15, 4)

DEC.18, '85MORELAND MEM. PARK BALTIMORE CO., MD

250. DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNAL VICE 17 1985



| 1 - | FOR STATE REGISTRAR | | | DEPARTN | NENT OF H | OF MARYLA EALTH AND A ICATE OF D | MENTAL HYG | IENE 🤟 | - TC 110 | 3 | 3. | dispersion of the second | 3 |
|-----------------------|--|--|----------------|--------------------------|-----------------------|----------------------------------|--------------------|---------------------|-----------------|-------------|--|--------------------------|--|
| 1. DE | CEASED NAME | FIRST | | AIDDLE . | L | AST | | 2g. DATE OF | REG. NO | | AY YEAR | 2b H | OUR - |
| {TYPE | ORPRINT) SHA | RON | Wr | ight | BF | NNIFT | 7 | 12- | 23- | 85 | | 13 | 05 |
| 3. SE | | 1011 | 4 RACE - | | 5 DATE C | F BIRTH | | 6 AGE INY | EARS LAST BIRTI | HDAY) | IF UNDER 1 YEA | R IF UND | DER 24 HRS |
| F | emale_ | | White | 1000 | MON 2 46 | | | 3 | 39 | YRS. | ONTHS DAY | S HOUR | S MIN. |
| | RTHPLACE (STATE OR | FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | MARRIED NEVER MARRIED | | | 9 BALTIMO | RE CITY OF | COUNTY | OF DE ATH | 127 | 7-77-1 |
| | laryland | | USA | SA WIDOWED DIVORCED | | | | | TIME | DRE | Cou | NTY | MD. |
| 10 CI | TY OR TOWN OF DEA | HTA | | OSPITAL, NURSIN | G HOME C | R OTHER INST | ITUTION | 120 USUAL | | | 12b. KIND INDUSTR | OF BUST | NESS OR |
| T | OWSON | | ST. | TOSEF | H /- | 105P1 | TAL | | | g Age | | | pers Co |
| | AL RESIDENCE (IF NURS | 112h COU | | GIVE RESIDENCE BEFORE | | | | | | | - | | 2015 |
| | arvland | 128 COG | / | Baltimo | | 13d INSIDE CI | NO | 13e.STREET A | | | Rd., | 212 | 14 |
| _ | THER'S NAME | | | Bartinio | | | MAIDEN NAM | | 1 Cat | arpira | Itu., | 414 | 17 |
| - | John | | N. | Wrig! | ht | E | velyn | | MIDDLE | | Zur | 11 | |
| | VAS DECEASED EVER | | MED FORCES? | 16h SOCIAL SECUI | RITY NO. | 17 INFORMAL | NT | (desp | ADDRES | SS | | | |
| | No | | _ | 217-50- | 0.437 | Evel | vn Wri | ght. 5 | 017 C | Catalo | ha Ro | 1 2 | 21214 |
| | PART I. DEATH W Canditians, if any, gove rise to impresse (a), stating underlying cause | /AS CAUSE IMMEDIA , which mediate ng the | DUE TO, OF | AS A CONSEQUE | NCE OF | pur Files. | alent, | Pan | asta | tizes | A STATE OF THE STA | OXIMATE IN N ONSET A | NĎ ĎĒĀTH |
| | PART 2 OTHER SIGN | VIFICAND | CONDITION CO | NTRIBUTING TO D | EATH BUT | NONRELATED | TO THE TERM | NAL DISEASI | E OR COND | ITION GIVE | N IN PART | 110 | |
| NO. | 1958 re | secti | on sor | CX Tems | we | Crake | ns a | isek. | 200 | | | | |
| TIFICAT | 19a. DATE OF OPERA | TION | 196 (OND) | TION FOR WHICH | OPERATIO | WAS PERFO | RMED | 200 AUTO | NO [| | WERE FIND (ING CAUSI | | ATH? |
| MEDICAL CERTIFICATION | 21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE | CAUSE OF DE | 3111 | M. MONTH DA M. | Y YEAR | 216. LOCATIO | JURY OCCURR | RED (ENTER NA | TURE OF INJURY | | | | |
| ME | WHILE NOW | Life [] | | EET, FACTORY, OFFICE, FA | RM, ETC.) | STREET | | | CITY OR TOW | M | COUNTY | | STATE |
| | saw the declare above, V/(ws) is | | New 100 bod | 7 | 95.on | d that in (vg) | _, 19 | deoth occurred | d an the dot | te ond hour | 9_85 and fram th | | (we) last |
| | 22d. PHY | Um | | 7/1 | the | y / P | TTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF | | 12 | W | 185 |
| 11 | TAR LIBERT STATE OF THE | ANE (TABE C | PRPRINT) | | - 4 1 1 | ADDRESS | 3 | | | | | | A CONTRACTOR OF THE PARTY OF TH |

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

Cremation

23b. DATE 12/26/85

234. NAME OF CEMETERY OR CREMATORY Westview Crematory Catonsville

Balto.

Md.

Lowell Lemmon. 10 W. Padonia Rd

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

- STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

Male

3 SEX

CERTIFICATION

MEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICA

5 DATE OF BH

WIDOWED

| CERTIFICA | ATE OF DE | ATH | REG. NO. | | | | |
|---------------------------------|-----------|----------|---------------------------------|-----------|--------|----------|--------|
| LAST | | | 20. DATE OF DEATH MONTH | DAY | YEAR | 26 HOL | JR |
| BENN | NETT | | December 24 | , 19 | 85 | 1:5 | 50P, |
| DATE OF B | IRTH | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UND | RIYEAR | IF UNDER | 24 HRS |
| 1 ^M 2 ^{NTH} | 17 | 03 | 82 _{YR} | MONTHS | DAYS | HOURS | MIN |
| MARRIED E | NEVERMA | ARRIED - | 9 BALTIMORE CITY OR COUN | NTY OF DE | ATH | | |

Baltimore County

5819 Belair Rd.

13e STREET ADDRESS / ZIP CODE

MIDDLE

Marvland

BIRTHPLACE ISLATE OR FOREIGN

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Franklin Souare Hospital

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR carriet Finish NDUS Carpentry

arvland 14. FATHER'S NAME John

ossville

Bennett

Baltimore

16h SOCIAL SECURITY NO

Henry

Caucasian 7b. CITIZEN OF WHAT COUNTRY?

USA

15. MOTHER'S MAIDEN NAME Minia 17 INFORMANT

13d INSIDE CITY LIMITS?

160 WAS DECEASED EVER IN U.S. ARMED FORCES? No

Vernon

4 RACE

216103668

JAL RESIDENCE (IF NURSING MOME OR CHIEF THAT TUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

Bertha B. Bennett 5819 Belair Rd.

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:
Candiana Cardiorespiratory Arrest IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF

gove rise to immediate couse (o), stoting underlying couse lost

19a DATE OF OPERATION

Acute Pulmonary Edema

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Diabetes Mellitus 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

85

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

85

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES [

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

P.M.

211 LOCATION COUNTY

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NO! WHILE

220.1 certify that (I) (this hospital) attended the deceased from

85 ... that (1) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

obove, (1) (we) (did) (did not) view the body after death 226. SIGNATURE

ATTENDING PHYSICIAN

DEGREE

MEDICAL DIRECTOR PHYSICIAN

CITY OF TOWN

12/24/85

22c DATE SIGNED

STATE

saw the deceased alive on,

Edward Bessman, M.D. 23b. DATE

9000 Franklin Square Dr., 21237

23a BURIAL, CREMATION, REMOVAL Buria

23¢ NAME OF CEMETERY OR CREMATORY Baltimore Cemetery Balto.

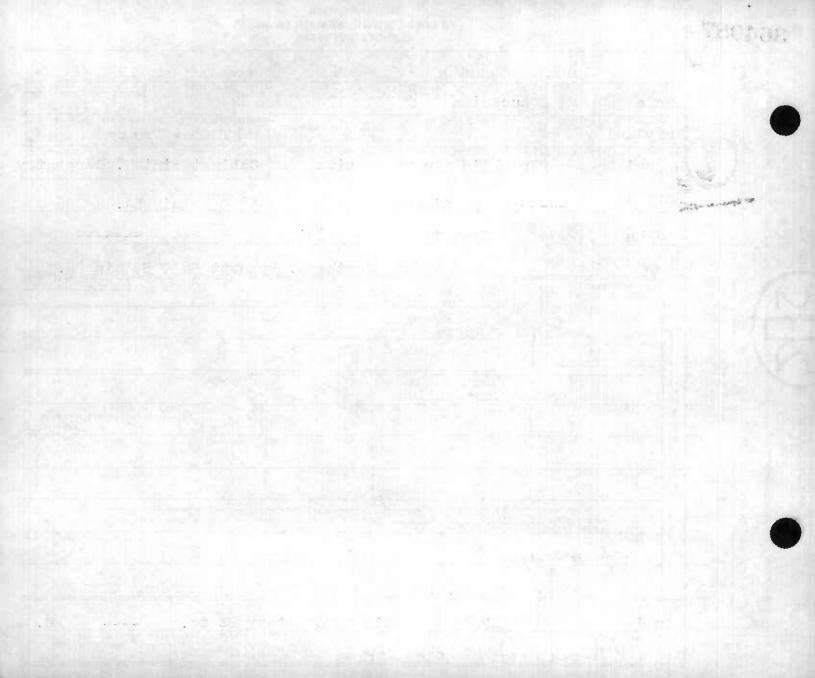
Md.

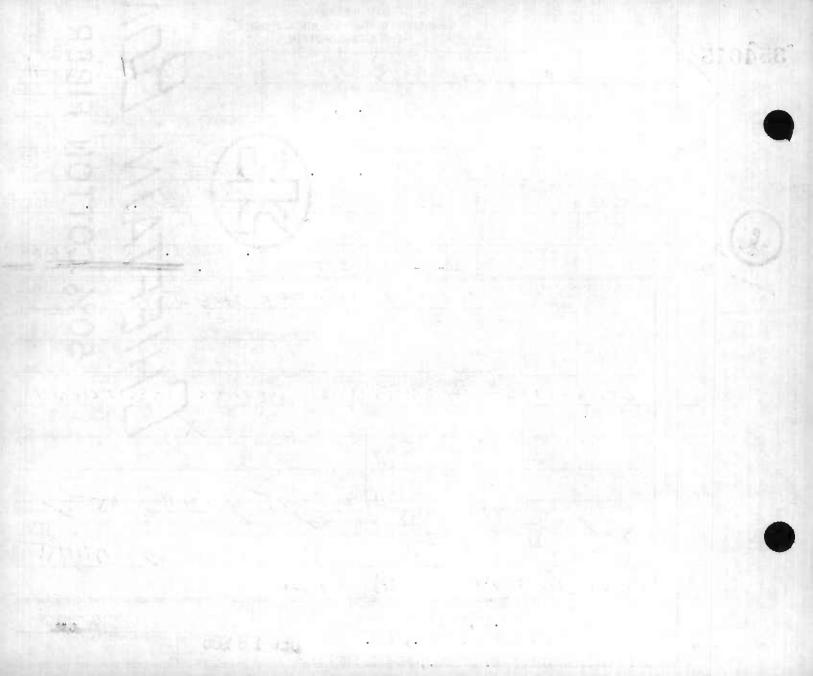
DHMH - 16 60M 7/84 (VRA 15, 4)

FUNESAL DIRECTO

24. FUNERALDIRA

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE





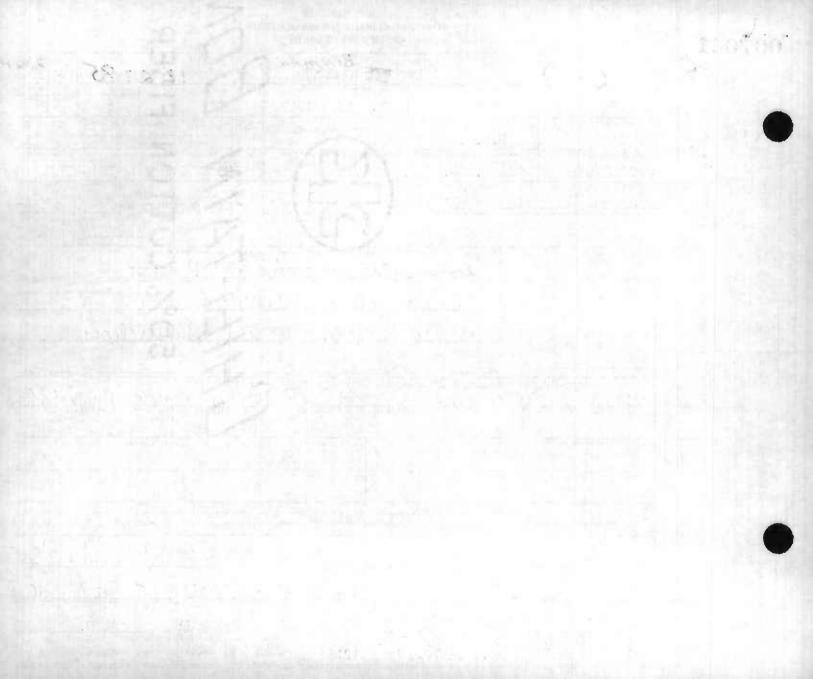
STATE OF MARYLAND

| | 1- | STATE REGISTRAR | | DEPAKIN | | CATE OF DEA | TH | | EG. NO. | | | |
|---|-----------------|--|---|--------------|-------------------|------------------------------------|----------------------|----------------------|--------------------|--------------------------|---------------|----------|
| | (TYPE | CEASED NAME FIRST OR PRINTS | MIDD | BE | R | BERM | AN | 2a. DATE OF DEA | 12 á | DAY YEAR 27 85 | 26 HOUR | 2.42 |
| 1 | 3. SEX | MALE | 4 RACE WHIT | E | JAN. | | 9 ^v 6.087 | 6 AGE JINYEARS | AST BIRTHDAY) | MONTHS DAYS | HOURS | MIN. |
| 1 | 0 | RTHPLACE STATE OR FOREIGN COUNTRY) RUSSIA | U.S.A | | MARRIED WIDOWE | XX NEVER MAR | RIED - | 9 BALTIMORE C | | TY OF DEATH E COUNTY | | MD. |
| 2 | | ANDA LLSTOWN | 11. NAME OF HOS (IF NOT IN SUCH FA BALTO. | CO. GEN | ADDRESS) | | TION | UPHOLS | MOST OF WORKING | | TURE | SOR |
| 1 | 13a S M/ | ARYLAND BAL | IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY BALTIMORE 136 CITY OR TOWN YES NO XX 136 STREET ADDRESS / ZIP CODE 8511 STEVENSWOOD | | | | | | | | #21 | 207 |
| 1 | 14. FA | THER'S NAME FIRST ELIA | WIDDLE | BERMA | N | 15 MOTHER'S MA | T . | MI | DDLE | GOODMA | | |
| | | VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO | RMED FORCES? 161 | 14-01-6 | RITY NO. | 17 INFORMANT | | JEAN BER SWOOD RD | | | IMATE INTERV. | |
| | CERTIFICATION | Conditions, if any, which gave rise to immediate couse iol, stoting the underlying couse last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION | DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CONT | S A CONSEQUE | NCE OF | NOT RELATED TO | RI | MAL DISEASE OR | Khp. | GIVEN IN PART I | DI OF | O Co |
| 1 | MEDICAL CERTIFI | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED | EATH HOUR A.M. | MONTH DA | Y YEAR | 211 LOCATION | RY OCCURRE | ED (ENTER NATURE | OF INJURY IN ITEM! | YES 28 PART (OR PART 2) | NO [] | |
| | ME | while at work I not while at work 22a I certify that (I) (this hose sow the deceased alive a obove, (I) (we) (did) (did in 22b, SIGNATURE | pital) attended the d | 19 | on | STREET d that in (my) (ou DEGREE | 19r) opinion d | , to | the date and h | | | e) lost |
| | | 220 PHYSICIAN'S NAME (TYPE | ORPRINT) SYED N | 00/- | 7 | | NDING SICIAN [| MEDICAL DIRECTOR F | LINTE | 1 BEY | 27/ V. H | 35 |
| | (| BURIAL BURIAL JNERAL DIRECTOR SOL L | 12-29- | 85 LUB | | NUSACH | ARI | ROSED | ALE | BALTO | STA | MD |
| | | 6010 REISTERS | TOWN RD., | BALTO., | | 21215 | JAI | 3 3 | 10 ,- 4 | I WENT LUCON | for his | - |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physiciar should be detached for use as the burial-transit permit. Then please remove carbon papers: with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the



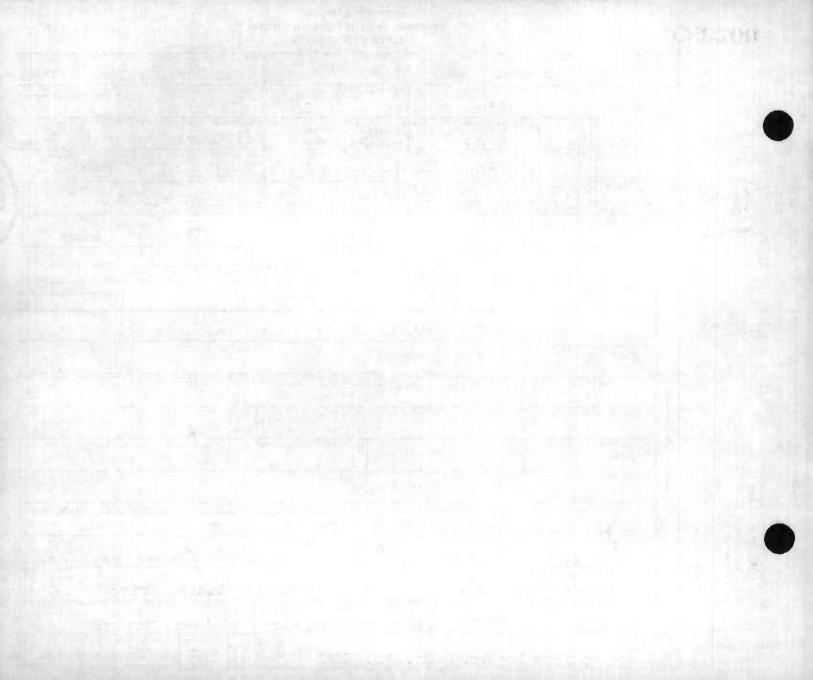
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| OZOBI | 31. | FOR STATE REGISTRAR | | DEPARTM | | EALTH AND MI | | IENE PREG. NO | o. | | |
|--|---------------|--|--|---|-----------------|---------------|--------------------------------|---|---------------|-------------------|-----------------------------------|
| | | CEASED NAME FIRST | WIDDE | E | L | AST | | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| 3 de 19 | | Mai | rgaret Ke | ys | В | ERRY | | December | 26, | 1985 | 8:40 A |
| 0.0 | 3. SE | X | 4. RACE | | 5. DATE C | | WE A D | 6. AGE (IN YEARS LAST BIR | (HDAY) | MONTHS DATE | IF UNDER 24 HRS |
| 100 T | r | Female | White | | 6 MONTH | 24 | 1907 | 78 | YRS | MONINS DATS | HOURS MIN. |
| 62 346 | 7a. B | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHA | AT COUNTRY? | 8 AA A DDIE! | D NEVER MA | APPIED | 9 BALTIMORE CITY O | | OF DEATH | |
| | 1 | Maryland | U.S.A. | | WIDOWE | | DRCED | Baltimore | Cou | nty | MD |
| 3/ | 1 | Rossville | 11. NAME OF HOSE (IF NOT IN SUCH FACE Franklin | ILITY, GIVE STREET A | DDRESS) | | NOITUT | 120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Statistic) | F WORKING LI | FEI INDUSTRY | 1 Mfgr. |
| 1 Y35 | 13a Ma | | UNTY 13c. | residence before CITY OR TOWN Jundalk | admission) V | | 40 X | 130.STREET ADDRESS / 106 Dundall | | | |
| 130 | | Charles | MIDDLE E. | Keys | | Sarah | RST | Edna | | Ev | ans |
| 7 4 4 8 | | | GIVE WAR OR DATES) | SOCIAL SECUR | | 17 INFORMAN | | ADDRE | | 01.00 | |
| 0 4 4 | _ | No | 2 | 16/12/5 | 600 | G. Wayr | e Berr | y 1308 Boyo | ce Aye | | |
| on popular entropia | | 18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMEDI | anly ane cause per line SED BY: ATE CAUSE (a) | far (a), (b), and ardiop | ulmo | nary A | rrest | | | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| other din over corb from or r | | Canditians, if any, which | DUE TO, OR AS | etasta | NCE OF | Cancer | | | | | |
| by the common of common or other to | | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS | a conseque | NCE OF | | | | | 4 | |
| Then plu to b injury | N N | PART 2 OTHER SIGNIFICAN | T CONDITIONS <u>CONTE</u> | RIBUTING TO D | EATH BUT | NOT RELATED T | O THE TERM | INAL DISEASE OR CONI | DITION GIV | EN IN PART 1 | o |
| t permit iene prior | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION | V FOR WHICH | OPERATIO | N WAS PERFOR | MED | 200 AUTOPSY? | IN CERTIF | S, WERE FINDI | |
| erfuticate rial-trans ental Hyg tem 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN | DEATH HOUR A.M. | JURY MONTH DA | Y YEAR | 21c HOW INJU | JRY OCCURR | ED (ENTER NATURE OF INJUS | RY IN ITEM 18 | PART I OR PART 2) | |
| s the bur | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF IN (AT HOME STREET, F. | | RM, ETC) | 211 LOCATION | V - | CITY OR TO | wN | COUNTY | STATE |
| for use of Healt | | saw the deceased alive above, it we (did) (did | 12-26 | 6-19.8 | 12- 5an | | 19 <u>85</u> aur) apinian c | , ta_ <u>12–26 —</u> Jeath accurred an the do | ite and hav | | that (we) last causes stated |
| AL DIRE detached late Dept. VT: If herr | | 226. SIGNATURE RELECT | - Har | ı | 901 | PH | TENDING TYSICIAN | MEDICAL STAP | FIANCE | 12/2 12/2 | SIGNED |
| should be det with the State | | Robert K | | Q. | | 9000 | Frank | lin Şqa ar | e Dr | ive 21 | .237 |
| - 5 3 ≤ | 23a. I | BURIAL, CREMATION, REMOVA | AL 23b. DATE | 231 N | AME OF C | EMETERY OR CR | EMATORY | 23d LOCATION | | COUNTY | STATE |
| | | Cremation | 12/27/19 | 985 Gre | een M | ount Cre | | | e, Mai | ryland | |
| 16 6084 7 /R4 | 24 F | UNERAL DIRECTOR | | | | | 250 DATE | REC'D. BY REGISTRAR | 25b, REGIST | RAR'S SIGNA | TURE |

Walter Brooks Bradley Inc. Balto., Md. 21222

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. I | NO. | | |
|------------|---|--------------|--------------------------------|-----------------------|------------------|---|--|------------------|------------------|----------------------------------|
| | CEASED NAME | FIRST | N | NIDDLE | 1 | IAST | 2a DATE OF DEATH | | YEAR | 2b HOUR |
| (ITPE | OR PRINT) | Elizat | eth May | BEST | | | December 1 | 2, 1985 | $5 10:34p_{M}$ | |
| 1,58) | | | 4 RACE | 200 | 5. DATE O | | 6 AGE (IN YEARS LAST B | | INDER I YEAR | IF UNDER 24 HRS |
| | Fe, ale | 472 | White | | May | 15, 1916 1 | 69 | YRS | UA15 | HOURS MIN. |
| | RTHPLACE (STATE OR | OREIGN | 76 CITIZEN OF V | WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED DIVORCED | 9 BALTIMORECITY Baltimore | T 25/20 11 10 10 | DEATH | |
| Ro | TY OR TOWN OF DEA | L237 | Frank | TIWY, Squaree I | G HOME O | OR OTHER INSTITUTION | 126 USUAL OCCUPA (TYPE OF WORK FOR MOST Cafeter) | TION | 126. KIND O | F BUSINESS OR |
| 13a. S | AL RESIDENCE (# NURS ITATE Maryland | 136 COUN | | GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LIMITS? | 136. SIREET ADDRESS | iey Rd. | 2] | 1221 |
| I4 FA | THER'S NAME Leroy | L. | Grove | LAST | | Nellie | Daton MIDDLE | | LAS | |
| | VAS DECEASED EVER | | MED FORCES? E WAR OR DATES) | 217 40 5 | | Carol A. Tay | lor, Daught | | | v View 1 d. 21220 |
| | 18 CAUSE OF DEAT | H Enter on | D DV | | | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | CM COM | IMMEDIA | E CAUSE (a) | Cardiac / | | | | | | |
| CATION | | VIFICANT C | conditions co | 0bes | EATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR CO | 20b. IF YES, W | ERE FINDIN | NGS USED |
| CERTIFIC | | 986 | | | | | YES NO X | IN CERTIFYIN | | OF DEATH? |
| MEDICAL CE | 21a ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDII 21d INJURY OCCURI | CAUSE OF DEA | P.A 21e. PLACE C | n. MONTH DA | 19 | 21f. HOW INJURY OCCURE 21f. LOCATION STREET | RED (ENTER NATURE OF IN. | | COUNTY | STATE |
| | 220 I certify that (*) saw the decease | (this haspi | December | r 12 1985 |), or | nd that in (my) (aur) apinion of DEGREE | | date and havi ar | | |
| | ME PHYSICIANS N | 2/ | low | nin | 1 | ATTENDING PHYSICIAN [| MEDICAL STA | | 12- | -12- |
| | CONTROL PURCHASING PURCHASING | | nabek, M | | | 9000 Frankli | in Sq. DR., | 21237 | | |
| | URIAL, CREMATION, | REMOVAL | 12/16 | | | EMETERY OR CREMATORY Hill Memorial | Cardens | Baltimo | re Co. | STATE |
| 1 | dzdzinski | Funer | al Home | PA 1407 | old E | Ph. | EC 1 6 198 | R 25b. REGISTRAF | S SIGNAT | URE Pandelle |

DHMH - 16 60M 7/84

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

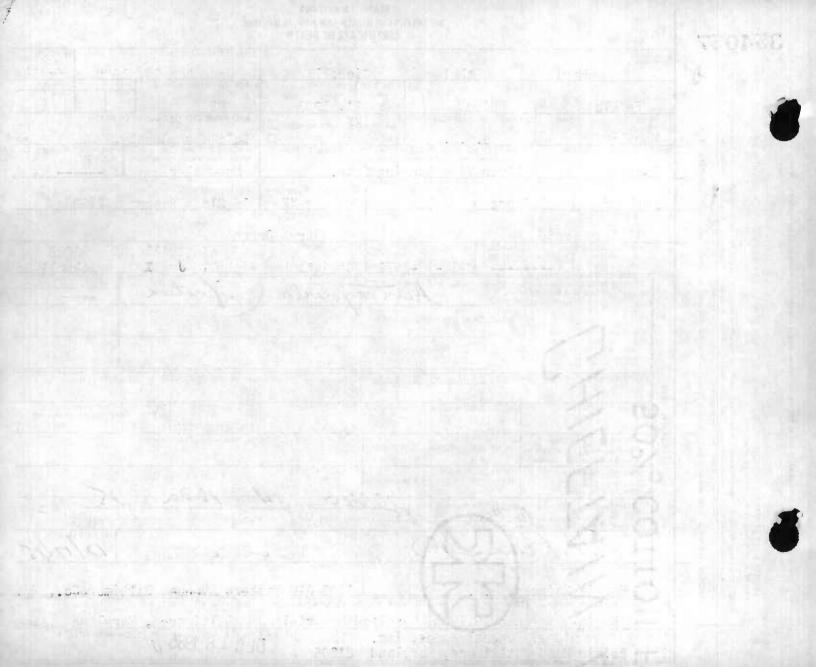
(VRA 15, 4)

eris, in and all s Indicate of arbitrary | President So. Northwest | 10000 10000 0000 issif ...b. refunctive ... Mary and Barring I have and 70078 31... WOTE I VOTE 207 to 575 Carol A. Laylor, Danisher Latter, Md. 202 10/16/20 Bally iffic emerged ardens caltimora to. i.s.

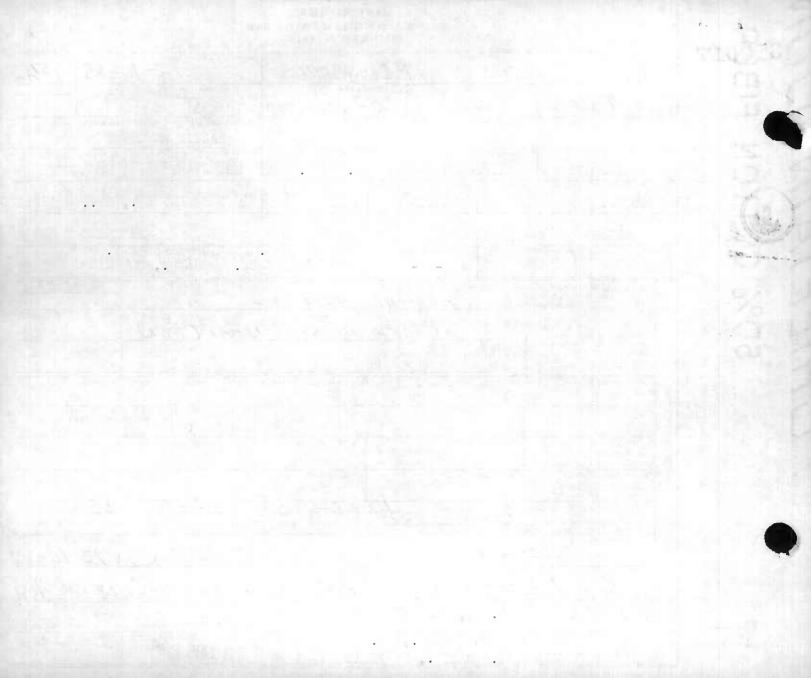
7110 Belair Road Baltimore, Maryland

(VRA 15, 4)

STATE OF MARYLAND



| | 1 | FOR - STATE | DEPART | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH | iene 8 5 | 3 3 | | 000 |
|--|-------------|---|--|-------------------|--|---|--------------------------------------|-------------------------------------|-------------------|
| 350017 | | REGISTRAR DECEASED NAME FIRST PRE OR PRINT) | MIDDLE | 01 | AST DMBERLO | REG. NO | | YEAR 26 HO | UR 5/4 |
| 1 to 10 to 1 | 3. | FEMALE | 4 RACE WHITE | S. DATE C | PF BIRTH 26 DAY YEAR YEAR | 6 AGE (IN YEARS LAST BIRTH | | | ER 24 HRS |
| Con 77 hours | 90 | BIRTHPLACE (STATE OR FOREIGN NEW YORK | 76 CITIZEN OF WHAT COUNTRY? | MARRIE WIDOWE | NEVER MARRIED XX | 9 BALTIMORE CITY OR BALTIMO | | | MD. |
| HIL | 5 | RANDALLSTOWN | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET BALT IMORE COU | INTY G | EN. HOSP. | 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF SECRETARY | | KIND OF BUSIN USIRY YNAGOGU | |
| 八道文 | 5 | MARYLAND (35 COUR | R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134. CITY OR TOW BALT IM | IORE | 13d. INSIDE CITY LIMITS? YES XX NO [| 13e STREET ADDRESS 2703 JEREM | Y CT., A | PT. D | #21209 |
| 少元 | 0 | FATHER'S NAME PHILIP | BLUMBERG BLUMBERG | | 15 MOTHER'S MAIDEN NAM HANNAH | MIDDLE | SABSER | | |
| | 216 | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 124-01- | | 17 INFORMANT MRS. 2703 JEREMY | | ., MD 2 | 21209 | |
| certificate ung physic rbon paper r removal isc event, sh | | | nly one cause per line for (a), (b), ar ED BY: TE CAUSE (a) ARD | TAC | APREST. | | 0 | APPROXIMATE INTI ETWEEN ONSET AN | ERVAL ID DEATH |
| that the death is by the attend soan remove co of, crewday, e | | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEOU | OCA. | RMALI | WFARCTI | ON | | |
| ne four requires This been segme From the principle of | Z | | CONDITIONS CONTRIBUTING TO | | | 200 AUTOPSY? | 20b. IF YES, WERE IN CERTIFYING C | FINDINGS USE | ATH? |
| dright physical physi | Menical Cep | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | HOUR A.M. MONTH D | 19 | 216 HOW INJURY OCCURRI | ED (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR F | PART 2) | STATE |
| ATTENDING 8 sphal or one CCDR After 1 of for use or th c of Health on n 21 is marked | 3 | saw the deceased alive an abave, (1) (we) (did) (did no | ital) attended the deceased fram_ | \$ / 2 | d that in (my) (aur) apinion d | , to/2 leath accurred an the dat | | , that (1) | (we) last |
| HOSPITAL OR based by the lot outside betterche white State Depthy in the PORTANT, it bee | - | 226. PHYSICIAN'S NAME (TYPE C | DR PRINTY OF STORY | Ex | DEGREE ATTENDING PHYSICIAN 220 ADDRESS | MEDICAL STAFF | / | 12-10 | -85 |
| BP | RE | UPIAL CREMATION REMOVAL | | | BACTIMO EMETERY OR CREMATORY | 23d LOCATION ROCHELLE | PARK COUNT | NEW J | HOST JERSEY |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 | 1470116 | LEVINSON & BROS. | | 250. DATE | REC'D. BY REGISTRAR 2. | Propa David | | |



ATTENDING PHYSICIAN The low

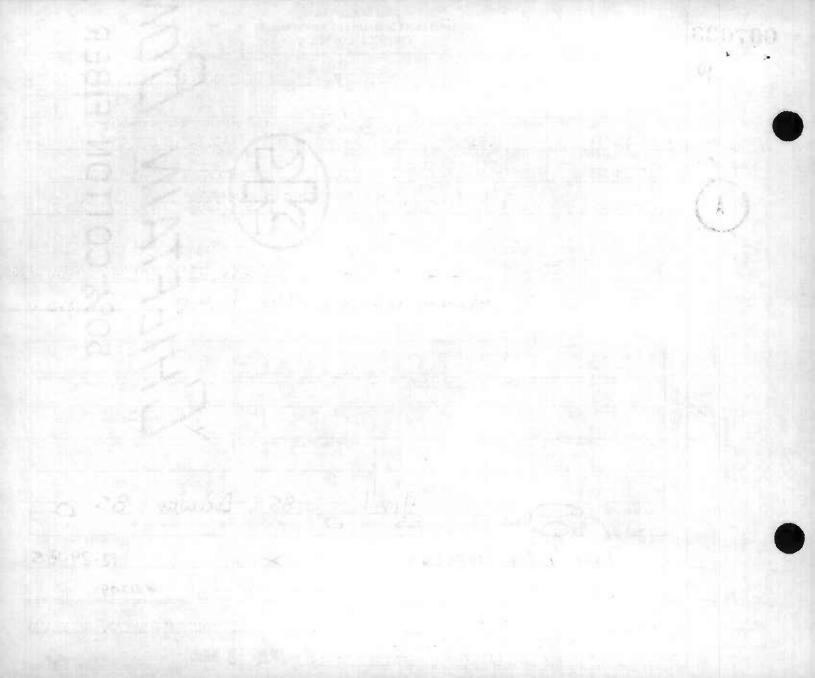
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | REGISTRAR | | | | CERTIF | FICATE OF DEATH | REG. | NO. | | | | |
|---|---|------------|--------------------------------|---|--|----------------------------|---|-------------------|--|--------------|---------|--|
| 1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) | | | | | | LAST | 20. DATE OF DEATH MONTH DAY | | | 2b. HOUR | | |
| | JESSE | | | | BO | NDROFF | DECEMBER | | 1985 | 7:40 | Рм | |
| 3. SE | MALE CAUCASIAN | | | | S. DATE OF BIRTH MONTH DAY YEAR | | 6. AGE (IN YEARS LAST | SIRTHDAY) | MONTHS DAYS | | A HRS | |
| | | | | | | H 14, 1916 | 69 | | YRS | | | |
| 70. BIRTHPLACE (STATE OR FOREIGN 76. | | | 76. CITIZEN OF WHAT COUNTRY? | | MARRIED XX NEVER MARRIED | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| | MARYLAND | | U.S.A. | | WIDOWED DIVORCED | | BALTIMORE COUNTY | | | | MD. | |
| 10. C | O. CITY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL, NURSING | | G HOME OR OTHER INSTITUTION | | 126 USUAL OCCUPATION 126 KIND OF BUSINESS | | | SOR | | |
| | BALTIMORE | | 2911 I | LIGHTFOOT | DRIV | E 21209 | MERCHAI | | | AIL | | |
| USU. | AL RESIDENCE (IF NURS | 136 COUN | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | | 1134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CC | DDE | | 100 | |
| | MARYLAND | BALT | IMORE | BALTIN | MORE | YES NO X | 2911 LIG | 1TF00 | T DRIVE | 21209 | | |
| 14 FA | ATHER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA. | WE | | (A | 51 | | |
| | FRANK | | | | DROFF | SARAH | | ST-N | GEL | TMAN | | |
| 16a V | | | MED FORCES? | 166 SOCIAL SECURITY NO. | | 17. INFORMANT | ADD | RESS | | | | |
| | | | -ARMY | 215-10-0 | 917 | MRS. LINDA BONDROFF 2911 | | | LIGHTFOOT DRIVE 212 | | | |
| | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) | | | | | | | APPRO: BETWEEN | XIMATE INTERVA | AL EATH | | |
| | PART I. DEATH WAS CAUSED BY. | | | | | | | | 7 | , | | |
| | IMMEDIATE CAUSE (a) COULTY STICKED OF THE COURSE | | | | | | | | | 71. | | |
| | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| | Conditions, if any, which ((b) | | | | | | | | | | | |
| | gave rise to immediate) cause (a), stating the) DUFTO ORAS A CONSEQUENCE OF | | | | | | | | | | | |
| | underlying cause last. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| | (c) | | | | | | | | | | | |
| z | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 | | | | | | | | | | | |
| CERTIFICATION | 19a DATE OF OPERATION 19b CONDI | | | ITION FOR WHICH | TION FOR WHICH OPERATION WAS PERFORMED 200 | | | | 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED | | | |
| FIC | THE DATE OF OVERATION | | 170 COND | TO CONDITION FOR WHICH OPERATION WAS PERFORMED | | | IN CERTIFYING CAUSES OF DEATH? | | | | | |
| ERTI | 216. ACCIDENT WAS UNDERLYING 716. TIME (| | SEINIHIPY TIL HOW IN HUDY OCCU | | | YES NO | | YES [| но 🗆 | | | |
| | | | 110110 1 | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR | | 21c. HOW INJURY OCCUR | KED (ENTER NATURE OF IN | JURY IN ITEM 1 | 18 PART OR PART 2) | | | |
| CAI | | | | P.M. 19 | | | | | | | | |
| MEDICAL | 21d INJURY OCCURRED 21e. PL | | 21e. PLACE | ACE OF INJURY ME, STREET, FACTORY, OFFICE FARM, ETC.) | | 211 LOCATION | CITY OR TOWN | | COUNTY STATE | | | |
| 2 | WHILE NOT WH | RK R | (ATTIOME, ST | REET, FACTORT, OFFICE FA | A - | -1 | | 0 | 0- | | | |
| | 22a.l certify that (1) | his hospit | attended th | e deceased from_ | + DV | | > 10 | WW | 19 0 > | that (1) we | e) last | |
| | saw the degease | - | Dec | 19 4 | 351, or | nd that in my our) apinion | death accurred an the | date and h | naur and from the | causes state | ed | |
| | 22h SIGNATURE | | | | DEGREE | | | | 22c. DATE SIGNED | | | |
| | /Y AA | Januali | swer | ATTENDING PHYSICIAN | | | AFF | 12 | 20. Q | < | | |
| | PHYSICIAN DIRECTOR PHYSICIAN | | | | | | | 112. | 21.0 | 1 > | | |
| | DR. ROSS DONEHOWER | | | | 270E CTEL | | | - | #21209 | | | |
| 23o F | BURIAL, CREMATION, | | 123h DATE | | IAME OF C | EMETERY OR CREMATORY | TEELE ROAD | | 7 | | | |
| (| (SPECIFY) | VAL | | | | | CITY OR TOWN | | COUNTY | STA | | |
| 24 FI | BURIAL | 101 15 | 12/30 | 1/85 IOHE | B SH | ALOM MEM. PARI | | TOWN | BALTO. | MARYLA | AND | |
| | UNERAL DIRECTOR S | | | | | 1. | E REC'D. BY REGISTRA | | | | | |
| 60 | 10 REISTER | RSTOWN | I RD. BA | LTIMORE. N | JARYL | AND 21215 | AN 3 1988 | of frein | axillidson | -Mandal | Porce | |

DHMH - 16 60M 7/B4 (VRA 15, 4)



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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 2n DATE OF DEATH 26 HOUR MONTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County, 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dept of Education 21212 13e STREET ADDRESS / ZIP CODE 5302 worth Ave kenil Williams Boulware 5302 Kenilworth APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME EIRST (TYPE OR PRINT) ubu WARE 4 RACE 5. DATE OF BIRTH TEMAIL 10. BIRTHPLACE ISLATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED EXAS WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION lowson STATE 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? Baltimore YES X NO | FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mumphord 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Encerhalins ANUXIC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Ruspimbra Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Elesting PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? sumass YES [NO T 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH AL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. MEDICA 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an_ and that in (my) (over) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) MU 230 BURIAL CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY **ISPECIFY**

DHMH - 16 60M 7/84 (VRA 15, 4)

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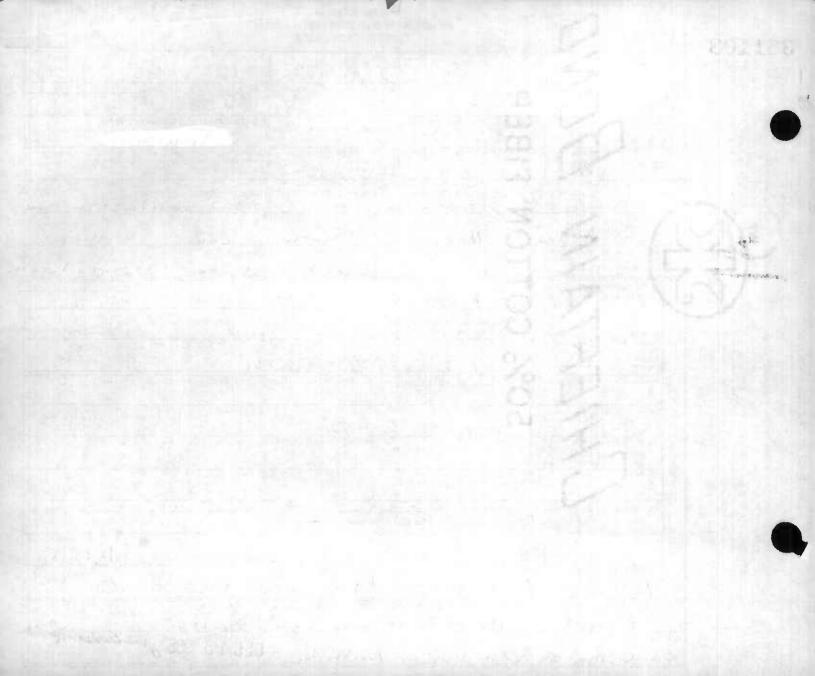
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FOR I tem 18a 22a 2-4-86 DEPARTMENT OF HEALTH AND MENTAL HYQUENE 1 - STATE REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED FRANCIS BOURREAL 2d HOUR IF LINDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED October 12.1918 678 DEAD Male White 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore County Massachusetts IISA WIDOWED [DIVORCED 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Timonium #21093 Chief Engineer Dalewood Road Shipping USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | Ilia Street address | 2223 Dalewood Road, #21093 13d. INSIDE CITY LIMITS? Maryland Baltimore Timonium 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST EIRST LaMoreau Bourbeau Joseph Rena 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 2223 Dalewood Road. 016-07-2334 Anne M. Bourbeau, Timonium, Md. 21093 Yes WW II 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY-Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF H BURIAL YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Hamicide ____ Undetermined manner Natural causes Accident Suicide TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 12-31-85 SIGNATURE Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE Cremation 1/4/86 Westview Memorial Pk. Catonsville, Balto., Co., Md. 07/84 25M 10W. Padonia Rd 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** who wanteson fonde Be Lemmon-Mitchell-Wiedefeld, Timonium21093 (VR A15 ME (5))

STATE OF MARYLAND

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEPTIFICATE OF DEATH

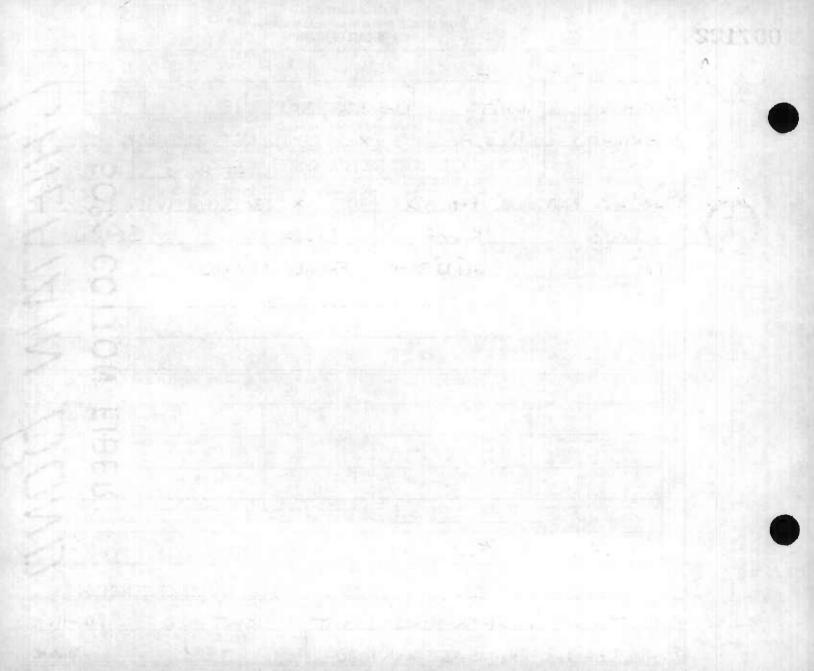
| U. J. | REGISTRAR | | | | CERTI | ICAIL OI DE | | R | EG. NO |). | | | | |
|---|--|-----------------|-----------------|------------------|-------------------|---|-------------------|-----------------------|-----------------|-----------|-----------|-----------------------|------------|---------------|
| | CEASED NAME | FIRST | ٨ | AIDDLE | | LAST | | 20. DATE OF DE | | HIMON | DAY | | 26 HOU | |
| (TPP) | CL CL | .ARA | 5 | 7. | В | RAUN | | | 1 | 12 | 24 | '85 | 9:3 | 5A " |
| 3. SE | X | 4. | RACE | | 5. DATE | | | 6. AGE IN YEARS | LAST BIRTH | (PAY) | _ | ERIYEAR | 1F UNDER | |
| | c mais | 7.6 | 1,2117- | -5 | MONT | PC II DAY | YEAR | no | | | MONTHS | DAYS | HOUR5 | MIN. |
| 70 B | IRTHPLACE (STATE OR FO | REIGN 76 | CITIZEN OF | WHAT COUN | TRY2 8 | UT do, | 1701 | 9. BALTIMORE C | TITY OF | YRS. | TYOFD | EATH | | |
| | COUNTRY) | | 15 0 | 0 | MARRIE | D NEVER MA | RRIED 🖳 | - / - July - / | | | | | | |
| 10.0 | ITY OR TOWN OF DEAT | 1 | 1 11445051 | · [-]. | WIDOWI | DR OTHER INSTIT | RCED | | | COU | | 140 15 6 | | MD. |
| 10. C | TOWSON | n | | | TIMORE' M | | ENTER | TYPE OF WORK FOR | | | | KIND OF | F BUSINE | SS OR |
| USU 13a | AL RESIDENCE (IF NURSIN | IG HOME OR OT | | GIVE RESIDENCE | | 113d INSIDE CITY | LIMITS? | 13e STREET ADD | RESS / | ZIP COI | DE | 100 | 211 | 31 |
| M | ARYLAND | BALT | MORE | PHOS | nix | | O 🔀 | 3050 | 00 | UVI | Sw | DR) | ivs | |
| 14. F/ | ATHER'S NAME | | | | | 15. MOTHER'S M | | | | | | | | |
| | FIRST | MIL | DDIE | KOGO | P | f fir | 000 | MII | DDLE | | 55 | LAST | | |
| 160. V | VAS DECEASED EVER II | | | 16h SOCIAL | SECURITY NO. | 17 INFORMAN | PIKE | | ADDRES | S | ~~ | 0020 | - | |
| - | YES, NO OR UNKNOWN) | (IF YES, GIVE V | WAR OR DATES) | 217 12 | 188 40 | FAC | 1.29 | RICORDS | | | | | | 4 |
| | 18 CAUSE OF DEATH | | | line for (a), (b | or, and rest | | | | | | | APPROXIA BETWEEN O | MATE INTER | VAL DE ATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC BREAST CANCER | | | | | | | | | | | | 4 | | |
| | | | DUE TO OF | AS A CONS | EQUENCE OF | | | | | | | | 2.4 | |
| | Canditians, if any, | which | ((b)_ | | | | | | | | | | | |
| 1 | gave rise to imme | | | AS A CONS | EQUENCE OF | | | | | 721 | | - | | |
| 200 | underlying cause | last. | (0) | AS A CONS | EOOENCE OF | | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a | | | | | | | | | | | | | |
| Z | | | | | | | | | | | | | | |
| ATI | 19a DATE OF OPERATION | ON | 196 CONDI | TION FOR W | HICH OPERATIO | N WAS PERFORM | NED. | 20g AUTOPSY | ? | 20b. IF Y | ES, WER | WERE FINDINGS USED | | |
| MEDICAL CERTIFICATION | | | 10000 | | | | | VEC D NO | | | | CAUSES | | H? |
| ERT | 21g. ACCIDENT WAS UNDE | RIYING 🗀 | 21b. TIME OF | FINILIRY | | 1214 HOW IN III | PY OCCUPA | YES NO | | | /ES _ | 0.07.71 | NO [| |
| 0 | OR CONTRIBUTING CA | - | 1100110 1 1 | | DAY YEAR | 111111111111111111111111111111111111111 | KI OCCOKKI | LD (ENIER NATURE | JE INJURT | IN HEW IS | PARTION | PARI 2) | | |
| Š | (IF EITHER NOTIFY MEDICA | | P./ | | 19 | | | ALC: UNK | | | | - | | |
| WED | 21d INJURY OCCURRE | | 21e PLACE C | | FFICE, FARM ETC.) | 211. LOCATION STREET | | CIT | Y OR TOW | N | cc | YINU | 5 | TATE |
| | AT WORK AT WORK | · 🗆 | | | | | | | | | | 1 | | 1 |
| | 220.1 certify that (1) (1 | this hospital | 1) ottended the | deceased fr | om 85 2 | 702 | 19 85 | , to1 | 2/24 | 4 | 19_8 | 5 | hat (I) (v | ve) last |
| | sow the deceased abave, (1) (we) (die | alive an | | | .19, ai | nd that in (my) (a | ur) apinian d | eath accurred an | the dat | e and ho | our and f | ram the c | auses sta | ated |
| | 226. SIGNATUR | | 6 4 | | | DEGREE | | | | | 2 | c. DATE S | SIONED | 1 |
| | fiffu | 4 | T. 70 | The | min | | ENDING YSICIAN | MEDICAL DIRECTOR P | STAFF | AN XT | | 121 | 77 | 18 |
| | 22d. PHYSICIAN'S NAM | ME (TYPE OR P | RINT) | | | 22e ADDRESS | | | · · · · · · · · | | | -/- | | 34.3 |
| | 355505 | -V F | FOCC I | 4 D | | CDMC | 6701 | N CHAD | LEC | CTD | FFT | 2420 | Λ | |
| 23n F | SURIAL, CREMATION, R | | FOSS, N | 4.D. | 23, NAME OF C | EMETERY OR CRE | 6/01 | N. CHAR | | ZIK | | <u> </u> | 4 | |
| | SPECIFY) | LINOVAL | 10 nh | Ma- | C- De c | M. S | MATORT | CITY OR TO | WN | 00 | COUN | TY M. | 01.151 | TATE |
| 24 FI | UNERAL DIRECTOR | | 12-91- | 1785 | ABSU | TOURT | 250 DATE | DHT/ | INC | 11.00 | TDADIC | 114 | 1577 | AND |
| - | NAME CALL | 2-1 | . 011. | ADDR | ESS L | 0 0 | ZSE DATE | REC'D. BY REGIS | TRAK 2 | | n' . | | ~ | |
| 21 | ANS CHAI | 2701 | MIN | 25 232 | 5 YORK | ROAD | | AN 3 K | 355 | , w W | a Du | 4 dson- | -Hand | 482_ |

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending piliptical should be detached for use as the burial-transit permit. Then please remove corboil pagests with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT; If Hem 21 is marked or Hem 18 shows ony injury, ar other troumatic event. In



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STATE OF MARYLAND XC 12681640 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) INGE DECEMBER 27, 1985 WILLIAM BRAZELTON 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX A RACE 5. DATE OF BIRTH DECEMBER 10, 1916 MALE WHITE 69 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED TENNESSEE U.S.A. BALTIMORE COUNTY WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FORT HOWARD V.A. MEDICAL CENTER Millwright Armco Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND BALTIMORE 1929 HOLBORN ROAD / 21222 NO TX Dundalk 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE BRAZELTON **JENNY** Thomas Eddy In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT YES W.W. II 416 24 2039 CLINICAL RECORDS, VAMC, FORT HOWARD, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY PNEUMONIA IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF HYPERTENS ION Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. STROKE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY OFFICE, FARM ETC.) WHILE NOT WHILE 220 I certify that (Withis hospital) attended the deceased from APRIL 19_85_, and that in XX (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an DECEMBER 27 DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 12-28-85 PURUSHOTTAN MITRA. M.D. V.A.M.C. FORT HOWARD, MD, 21052 230 BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial 12/31/1985 Gardens Of Faith Baltimore Maryland

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Grilla Warner- Gandam

DHMH - 16 60M 7/84 (VRA 15, 4)

7922 Wise Avenue

Dundalk, Maryland



MPORTANT: If Item 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

| | | EASED NAME | FIRST | | AIDDLE | | AST | 20. DATE OF DEATH | MONTH 2 | DAY 8 YEARS | 2b. HOUR |
|---|-----------------------|------------------------------------|---------------|-----------------|---------------------------------------|--|---------------------------------|------------------------|--------------------|-------------------|----------------------------------|
| | { I Y PE | OR PRINT) | EARL | | В. | В | REDENBURG SR. | | 12 | 8 85 | 330 M |
| 1 | 3. SEX | | | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| | - | Male | | White | | September 24,1912 73 | | | MONTHS DAYS | HOURS MIN. | |
| | BIE | RTHPLACE (STATE O | R FOREIGN | Th CITIZEN OF | WHAT COUNTRY? | 8 MARRIED X NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEA | | | OF DEATH | | |
| 9 | | aryland | | U.S. | Α. | WIDOWE | | Baltimo: | re Coun | tv | MD. |
| 1 | | TY OR TOWN OF D | EATH | | | G HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPA | ATION | 12h KIND O | E BUSINESS OR |
| L | - | atonsvill | | 1228 | Canberwel | 1 Roa | ad | Supervise Supervise | | News A | altimore merican |
| 0 | 130 S | L RESIDENCE (# NU TATE | 136 COUN | | 13c. CITY OR TOW | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRES | S / ZIP CODE | | |
| 9 | | aryland | Balt | imore | Catonsv | ille | YES NO X | | anberwe | 11 Road | 21228 |
| | 14 FA | THER'S NAME | , | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | ME MIDDLE | | ŁAS! | 1 |
| 8 | 0 | Charles | 1 | E. | Breden | | Elizabet | | | Leon | ard |
| | | AS DECEASED EVE | | MED FORCES? | 166 SOCIAL SECU | RITY NO | 17 INFORMANT | ADI | PRESS | | |
| | N | 0 | | | 212-09-0 | 677 | Edna Bredenb | urg Sai | ne as # | | |
| | | 18 CAUSE OF DEA | TH (Enter onl | y one couse per | line for to , tb , one | dienio. | 4 . / | | 1 | BETWEEN C | MATE INTERVAL ONSET AND DEATH |
| | | PARTI. DEATH | IMMEDIAT | | Cor | -di | pro I mono | Las hom | AZL | | |
| | | | | DUE TO, O | R AS A CONSEQUE | NCE OF | 11. | 11. | (| | |
| | | Conditions, if on | | (ıb) | me t | 15 5 T | ntic ya | stric | Ca. | | |
| | | gove rise to in couse (a), stat | ting the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | 11/2/201 | |
| | | underlying cou | se last | ((c) | | | | | | | |
| | 7 | PART 2 OTHER SIG | GNIFICANTO | ONDITIONS CO | DATRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERMI | INAL DISEASE OR CO | ONDITION GIV | EN IN PART 110 | a |
| | MEDICAL CERTIFICATION | | 17:001 | Tin court | | 00504710 | | Tee | Lage IF VE | C MERCENIA | 100 |
| 2 | FICA | 190 DATE OF OPER | ATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20g AUTOPSY? | IN CERTIF | S, WERE FINDIN | OF DEATH? |
| 5 | RTI | AL ACCIDENT WAS II | NINCOLVINIC T | 21h TIME O | AF IN LILIDY | | 131- NOW MILLIPY OSCUPE | YES NOT | YE | | NO 🗆 |
| 1 | CE | 210. ACCIDENT WAS U | | 110110 4 | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF IT | AJURY IN ITEM 18 F | PART OR PART 2] | |
| 7 | ICA | (IF EITHER NOTIFY ME | | | | 19 | Tall 100 ATION | | | | |
| | MED | 21d. INJURY OCCU | WHILE | 21e. PLACE | OF INJURY REET, FACTORY, OFFICE, F | ARM ETC) | 211 LOCATION STREET | CITY OR | TOWN | COUNTY | STATE |
| | | AT WORK AT W | /ORK | | | O | 1 | - 12 | 18 | 25 | |
| | | 220.1 certify that (| | ol) attended th | | 68/ | nd that in (my) (our) opinion a | on to | | | that (I) (we) last |
| | | 27h SIGNATURE | | yew the body | offer death. | /01 | | leom occurred on the | dore ond nou | | |
| | | IN SIGNAYORE | - / | 111 | | | DEGREE ATTENDING | MEDICAL S | TAFF | 22c. DATE | SIGNED |
| 4 | | 224 PHYSICIANUS I | and of | 110 | my, | | PHYSICIAN D | MEDICAL S' | | 1 | 8/85 |
| | | m | DUA | Three | me in | D | / | Baltimore | in the | roll. | 2/228 |
| | 230 B | URIAL, CREMATION | N, REMOVAL | 23b. DATE | 23c N | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | |
| | | urial | 478.6 | 12/11/ | | | ew Memorial Pa | rk Sykes | ville | Carroll | l Maryland |
| | 24LFU | NERAL DIRECTOR | Russel | L1 C. Wi | tzke Fun | eral H | Homes P.A. 250 DAH | REC'D. BY REGISTR. | AR 25b. REGIST | RAR'S SIGNATI | URE |
| | 1 | .630 Edmor | ndson A | Avenue, | Catonsvi | lle, 1 | MD. 21228 | FC 1 0 198 | | icundan | |
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STATE OF MARYLAND

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(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND

| PARTMENT OF HEALTH AND MENTAL HYGIENE | J | 0 |
|---------------------------------------|-----|----|
| CERTIFICATE OF DEATH | REG | NO |

Charlotte

| - STATE REGISTRAR | | | CERTIFICATE OF | DEATH | REG. NO. | | | |
|---------------------------|--------|------------------------------|------------------|------------|---|-----------------|------------|------|
| DECEASED NAME | FIRST | MIDDLE | LAST | | 20 DATE OF DEATH MONTH | DAY YEAR | 2b HOUR | |
| | Davi | ld Wilbur | Brown | | December 2 | 1985 | 2:00 | A |
| 3. SEX | | 4. RACE | 5. DATE OF BIRTH | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 2 | HRS |
| U - L L - S | 10000 | | MONTH DAY | YEAR | and the second second | MONTHS! DAYS | HOURS | MIN. |
| Male | | White | July 27 | 1903 | 82 YRS | | | |
| a BIRTHPLACE (STATE OR FO | OREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED X NEVE | R MARRIED | 9 BALTIMORE CITY OR COUNT | | | ď |
| Penna. | | U.S.A. | WIDOWED | DIVORCED [| Baltimore | Count | У | M |
| 10. CITY OR TOWN OF DEA | ТН | 11. NAME OF HOSPITAL, NURSIN | | ISTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 12b. KIND C | F BUSINES | SOF |

| Baltimore | 21 | A I | Leatherwoo | d Place | Truck | c Driver | Redi | action |
|---|------------|------|------------|-------------------------|-------|-------------------------------|------|--------------|
| SUAL RESIDENCE (IF NURS 30. STATE Md. | 13b COUNTY | 13c. | | 134 INSIDE CITY LIMITS? | | DDRESS / ZIP CODE Leatherw | | 212 Place |
| | | | | | | | | |

ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 215-01-0250 Brown (wife) Ros same address no

LAST

Brown

| PART I. DE ATH WAS CAUSE IMMEDIAT | ECAUSE (0) CONVESTIVE HEART PRIVACE | Months |
|--|--|--------|
| Conditions, if ony, which gove rise to immediate | DUE TO, OR AS A CONSEQUENCE OF HONDIC STENOSIS | Yems |
| couse (0), stating the underlying couse last. | DUE TO, OR AS A CONSEQUENCE OF | |

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

| ICATIC | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | |
|--------|---|---|------------------------------|--|--|--|
| T | | | YES NO | YES NO | | |
| 1 CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR | URRED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART 1 OR PART 2) | | |
| ×. | LIF EITHER NOTIFY MEDICAL EXAMINER) | P.M. 19 | | | | |

| 2 | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | 21f LOCATION | CITY OR TOWN | COUNTY | |
|---|-------------------------------------|---------------------|----------|--------------|--------------|--------|--|
| 5 | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | |
| | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH | DAY YEAR | | | | |

and that in (my) (and apinion death occurred on the date and hour and from the causes stated

| 22b. SIGNATURE | DEGREE | | 220 DATE SIGNED |
|-----------------|--------|--|-----------------|
| Kennetto B. Kus | MD | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | 12/4/85 |

224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

Dr. Kenneth Lewis

MIDDLE

Charles

230. BURIAL, CREMATION, REMOVAL Cremation 12/5/85

NOT WHILE

23c. NAME OF CEMETERY OR CREMATORY Greenmount

236 LOCATION

MIDDLE

COUNTY

STATE

STATE

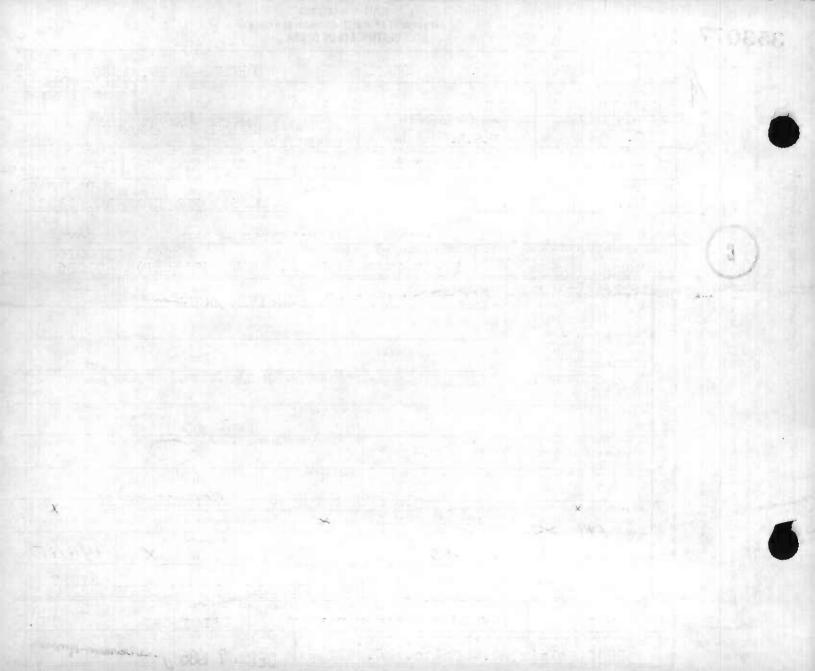
Wilson

DHMH - 16 60M 7/84 (VRA 15, 4)

²⁴ FUNERAL DISCHRİMUNEK Funeral Home, Inc. 3331 Brehms Lane, Balto. Md.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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| | 3 | | pe | TIT | ric |
| | The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be | | Ie has been signed by the attending physician and completely filled in by the further according a | issit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 7 transmitted the | 0 |
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|------------|------|-------|------|--------|---------|
| DEPARTMENT | OF H | EALTH | AND | MENTAL | HYGIENE |
| CEI | RTIF | ICATI | OF | DEATH | |

| REGISTRAR | | | CERTIF | ICATE OF D | EATH | REG | NO. | | | |
|--|--|---|-------------|--------------------|----------------------|---|-------------------|------------------|---------------------|--------------------------------|
| 1. DECEASED NAME (TYPE OR PRINT) | Vernen M | ichael | Br | own | | 20 DATE OF DEATH | 12 | O9 | VEAR 85 | 2b. HOUR 6:30p |
| 3. SEX Male | 4 RACE Cause | • | S. DATE O | H_DAY | YEAR 20 | 6. AGE (IN YEARS LAST | BIRTHDAY) | MONTHS | DER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| 70. BIRTHPLACE (STATE OR F COUNTRY) Maryland | U.S | - | MARRIE | | ORCED _ | 9 BALTIMORE CITY Baltimo | | | | MD |
| Balto, Co. | (IF NOY IN SI | HOSPITAL, NURSIN ICH FACILITY, GIVE STREET RICK VIL | la Ns | | | 12ª USUAL OCCUP (TYPE OF WORK FOR MO Paper ha | ST OF WORKING | | b. KIND C DUSTRY | OF BUSINESS OR |
| Md. | NG HOME OR OTHER INSTITUTION 13b. COUNTY | 134 CITY OR TOW Balto | VN | 13d. INSIDE CI | NO 🛣 | 13e STREET ADDRES | s/zipco | DDE | | enter 1222 |
| William | M_{ullet} | Brown | | | MAIDEN NA/ Inie | MIDDLE B | | | Wils | son |
| 16a WAS DECEASED EVER (YES, NO OR UNKNOWN) | IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) WW II | 216-09- | | 17. INFORMAL 711 A | | derick Vi | | | | |
| | g the DUETO. | or as a conseou Cigaret Contributing to | te - | s msk | TO THE TERM | INAL DISEASE OR CO | ONDITION | GIVEN IN | PART 1 | a |
| 190 DATE OF OPERAT | 19b. CON | DITION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 200 AUTOPSY? | IN CER | | | NGS USED S OF DEATH? |
| | AUSE OF DEATH HOUR | OF INJURY A.M. MONTH D P.M. | AY YEAR | 21c. HOW IN | JURY OCCURE | RED (ENTER NATURE OF I | NJURY IN ITEM | 18 PART I O | DR PART 2) | |
| (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIWH AT WORK AT WOR | LE THOME S | OF INJURY TREET FACTORY, OFFICE, I | FARM, ETC) | 21f. LOCATIO | N | CITY OF | TOWN | co | OUNTY | STATE |
| sow the decease above, (1) (we) (d | (t) is hospital) attended to d alive on 12/ id) (did not) view the bod | 9 19 | 85 , or | 11/27 | (aur) apinion | death occurred on the | Z/9 date and h | 19_8 naur and | from the | the (we) last couses stated |
| 27b. SIGN 4000 | en Lugar | SW | | P | TTENDING HYSICIAN | MEDICAL S DIRECTOR PHY | TAFF SICIAN [| 2 | ?2c. DATE | SIGNED |
| 22d PHYSICIAN'S NA | ME ITYPE OR PRINT | ING ER | nes | 54/1 | 100 | FREDER | ICK | RI | | 21229 |

DHMH - 16 60M 7/84

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 12/13/85 A. Alan Seitz, Jr. 3818 Roland Ave. 21211

23b. DATE

230 NAME OF CEMETERY OR CREMATORY Maryland Veterans Cem

23d LOCATION COUNTY STATE
Garrison Forest Maryland

BY REGISTRAR 256, JEGISTRAR S.S. GNATONAME

| 12 09 85 6:305 | | | uno. | 18 | Michae | Louis | |
|----------------------|--------|----|------------|----------|---------|--------|-------------|
| | ~ o | 20 | 15 | 10 | usc. | Ca | 0151 |
| ore County | raltin | | z | | u.s. | | arylan |
| nanger 101 Center | paper | 9 | ento: . ba | Villa Ns | elerick | Y C | .no .oo Lan |
| . 21to., Nd. 21222 | Place. | × | | .00.0j. | fs. | .8.0 | - 554 |
| | | | | | | | |
| Tilla Arsine Center | | | 711 | 0.100-00 | 210- | TT 309 | Ves |

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STATE OF MARYLAND

| 1. | FOR STATE REGISTRAR | | DEPARTM | | IEALTH AND MENTAL HYG | REG. N | 0. | 0 : | , |
|---------------|--|----------------|---|--------------|----------------------------------|---|---------------|--------------------|--------------------|
| 1 DE | CEASED NAME FIRST | Α. | AIDDLE 5 | POUN | rigg. | | MONTH /2 | 17 85 | - 15 55 A |
| 3 SE | X 4 | RACE | | 5. DATE O | | 6 AGE (IN YEARS LAST BIR | THDAY) | IF UNDER I YEAR | |
| | FEMALE | Whit | e | 11 | 19 1900 | 85 | YRS. | MONTHS DAYS | HOURS MIN. |
| | IRTHPLACE (STATE OF FOREIGN 76 | CITIZEN OF | WHAT COUNTRY? | 8 AAA DDIE | D NEVER MARRIED | 9 BALTIMORE CITY | R COUNT | Y OF DEATH | |
| | Maryland | U | SA | WIDOW | | Baly | MINION | 0, 1 | Pacint MI |
| 10 C | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | POSO THE INSTITUTION 21204 | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired | | 12b KIND (INDUSTRY | |
| 13a. | AL RESIDENCE (IF NURSING HOME OR OT STATE T38 COUNTY AT 138 COUNTY | | GIVE RESIDENCE BEFORE 130 CITY OR TOWN Baltimon | N | 13d. INSIDE CITY LIMITS? | 3939 Rolan | d Ave | nue 21 | 211 |
| fa F. | ATHER'S NAME | DLE | LAST | | 15 MOTHER'S MAIDEN NA/ | ME | | 14 | AST. |
| 0 | Clarence | | Spilman | | 1,431 | (unknow | n) | | |
| | WAS DECEASED EVER IN U.S. ARME | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRI | ESS | | |
| | (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO 216-05-9653 | | | Clarence Spi | lman 6244 W | ooder | est Ave | 21209 | |
| | Conditions, if any, which gave rise to immediate cause io), staffing the underlying cause last | DUE TO, O | R AS A CONSEQUE | NGE OF | sed soprise | selerasis | | | |
| NO | PART 2 OHER SIGNIFICANT CO | NDITIONS CO | DNINBUMING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GI | VEN IN PART 1 | 10 |
| CERTIFICATION | 19a DAJE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 200. IF YES, WERE FINDINGS UN CERTIFYING CAUSES OF D | | | |
| E . | 710. ACCIDENT WAS UNDERLYING | 21b. TIME O | E INTUIDY |) | Tale HOW INCOME | YES NO | | ES 🗌 | но 🗍 |
| | OR CONTRIBUTING CAUSE OF DEATH | | M. MONTH DA | YEAR 19 | 21c. HOW INJURY OCCURE | CED (ENTER NATURE OF INJU | RY IN ITEM 18 | PART 1 OR PART 2) | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY EET, FACTORY | ARM, ETC.) | TH LOCATION | CITY OR TO |)WN | COUNTY | STATE |
| 113 | 22a.1 certify that (1) (this haspital | ottended th | e deceo from_ | | | , to | , | 19 | that (I) (we) last |
| | sow the deceased alive an above, (1) (we) (did) (did not v | var. the bedre | 19_ | , 01 | nd that in (my) (aur) opinion o | death accurred on the d | ote and has | ur and from the | e couses stated |
| | 22b. SIGNATURE | new The body | oner day | | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | FF (VAC) | 224 DATE | 10/10 |
| | 774 PHYSICIAL MONE OF CHAP | Chue | 6. m. | 11. | THE ADDRESS / | 11/1 | 11/ | 1/ | 2hal |

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

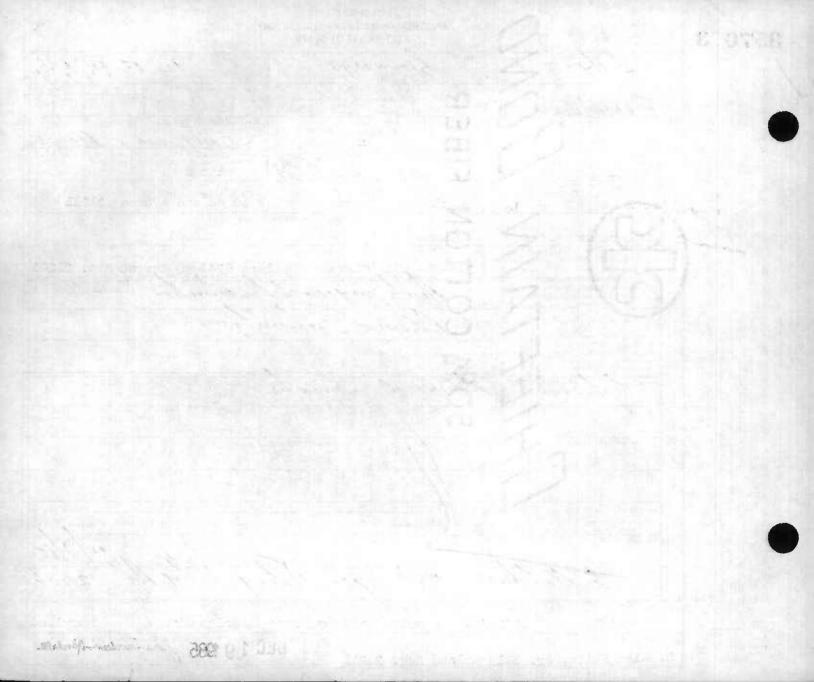
234 NAME OF CEMETERY OR CREMATORY 12/20/85 Loudon Park Cemetery 23d LOCATION
CITY OF TOWN
Baltimore

Maryland

24 FUNERAL DIRECTOR

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

236 DATE



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | 200 | REGISTRAR | | 42 | | REG, NO. | |
|----|---------------|--|------------------------|--|---------------------------------|--|---|
| | | CEASED NAME FIRST | MIDDL | E | AST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | (TYPE | ORPRINT) DOYLE | V. | BUCKL | 24 | DECEMBER 3 | 1985 11 P. M. |
| 14 | 3. SE) | X | 4 RACE | S. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | FUNDER LYEAR IF UNDER 24 HRS |
| | 1 | TALS | WHITS | D SC | · 21, 1916 | 68 YRS | MONTHS DAYS HOURS MIN. |
| 3 | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHA | T COUNTRY? 8 | | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| Ž, | W | EST VIRGINIA | U.S. | WIDOWE | | BALTIMORE | COUNTY MD. |
| | III CI | ITY OR TOWN OF DEATH | | PITAL, NURSING HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING L | 126. KIND OF BUSINESS OR |
| 1 | Ta | RKVILLS | 7908 F | · W () | AD | METHOUS | INDUSTRY SXXON |
| 1 | USUA | AL RESIDENCE (IF NURSING HOME OF | | RESIDENCE BEFORE ADMISSION) | | A STATE OF S | Turning To |
| 5 | 130. 5 | STATE 136 COUN | 11Y | CITY OR TOWN | | 130 STREET ADDRESS / ZIP COD | ED ON THE |
| e. | I | AKAMHUD IDDY | 1 COUST L | ARKVILL | YES NO | 11408 HI 150 | ROAL |
| 7/ | I4 FA | ATHER'S NAME | MIDDLE | LAST | 15 MOTHER'S MAIDEN NAM | WEDDIE | Con LAST |
| U | | 1 maillilu | · Bu | KLSY | MARTLE | b. Danier | 1700054 |
| ř. | | VAS DECEASED EVER IN U.S. AR | E WAR OR DATES | SOCIAL SECURITY NO. | 17 INFORMANT | ADDRESS | |
| | 7 | 25 W. | L ILu | 34760318 | 1-AMILY | KECOROS | |
| | | 18 CAUSE OF DEATH (Enter on | nly ane cause per line | far (a), (b), and (c) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | 0.7 | PART I. DEATH WAS CAUSE | D BY: | ACINOMA | OF PANC | REAC | 6 Mos |
| | | IMMEDIA | TE CAUSE (a) | 11-01/00/11/11 | 11470 | | 0 |
| 5. | | | DUE TO, OR AS | A CONSEQUENCE OF | | | |
| | | Canditians, if any, which gave rise to immediate | 1b) | | | | |
| | 50 | cause (a), stating the underlying cause last | DUE TO, OR AS | A CONSEQUENCE OF | | | |
| | 1 | onderlying coose last | ((c) | | | | |
| | _ | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTE | RIBUTING TO DEATH BUT | | INAL DISEASE OR CONDITION GI | |
| - | Ď. | METASTA | TIC CAL | 2CINOMA. | OBSTRUCTIO | IE JAUNDICK, | PYPERTENSION |
| d | CAT | 90 DATE OF OPERATION | 196. CONDITION | FOR WHICH OPERATIO | N WAS PERFORMED | | S, WERE FINDINGS USED |
| Z. | CERTIFICATION | 10/14/85 | OBSTR | VETIVE. | JAUNDICE | | FYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc |
| 2 | 8 | 21a, ACCIDENT WAS UNDERLYING | 216, TIME OF IN. | JURY MONTH DAY YEAR | 21c HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| à | 4 | OR CONTRIBUTING CAUSE OF DEA | 510 | MONTH DAT TEAR | | | |
| 7 | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF IN | NJURY | 21f LOCATION | | |
| | Mil | WHILE NOT WHILE AT WORK | (AT HOME STREET, F | ACTORY, OFFICE, FARM, ETC) | STREET | CITY OR TOWN | COUNTY STATE |
| 71 | | The I certify that (I) this haspi | tal) attended the de | ceased fram Jul | 4 29 1977 | 10 DEC 5 | 19 8 , that (D(we) last |
| | | saw the deceased alve above the met (did vidid his | DOT | 1 19 80 or | ed that in (my) (aur) apinian o | death accurred on the date and ha | |
| Ш | - 3 | 224 SKS VALUES | the body after | THE STATE OF THE S | DEGREE | | 22c. DATE SIGNED |
| | | 1/11/11/11 | 11/14 | 772 and | | MEDICAL STAFF DIRECTOR PHYSICIAN | 0-011 100 |
| - | | 228, PHYSICIAN'S NAME (TYPE O | OR PRINTI | 10000 | PHYSICIAN PHYSICIAN | DIRECTOR PHYSICIAN | ID2C.4 1785 |
| | 20 | Op Diallana | () 0: | -n- L | Cha Ilan | - 00 0 | Ant in |
| _ | | UK. KICHARO | M. RIT | TRICK | 12100 HHK | TORO KOAD - | TAKYVITIS |
| | | SURIAL, CREMATION, REMOVAL | 23b. DATE | 23c NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | COUNTYSTATE |
| | TB | noitems | 102C.5 K | 185 TRSS | lountism. | BATTIMORS | MARYLAND |
| | 24. FU | JNERAL DIRECTOR | | ADDRESS 8800 | | E REC'D. BY REGISTRAR 256. REGIS | TRAR'S SIGNATURE |
| | | HAMME | 1 1 | WARNED? | 0 00 | A - / / /. | F |

DHMH - 16 60M 7/84 (VRA 15, 4)

EVANS CHAPELOFI ISMORIES HARFORD KOAD

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6 1985 Geria Davidson-Randesse

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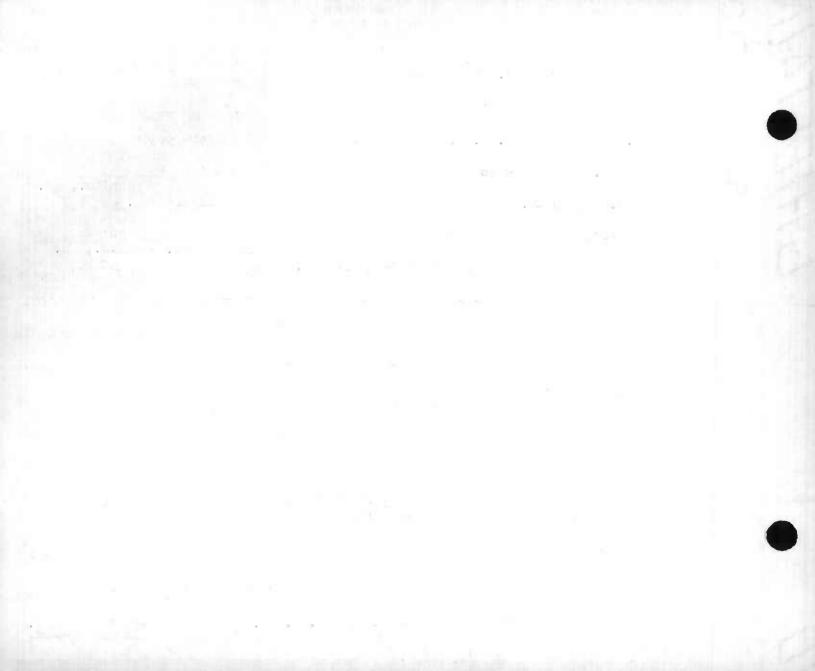
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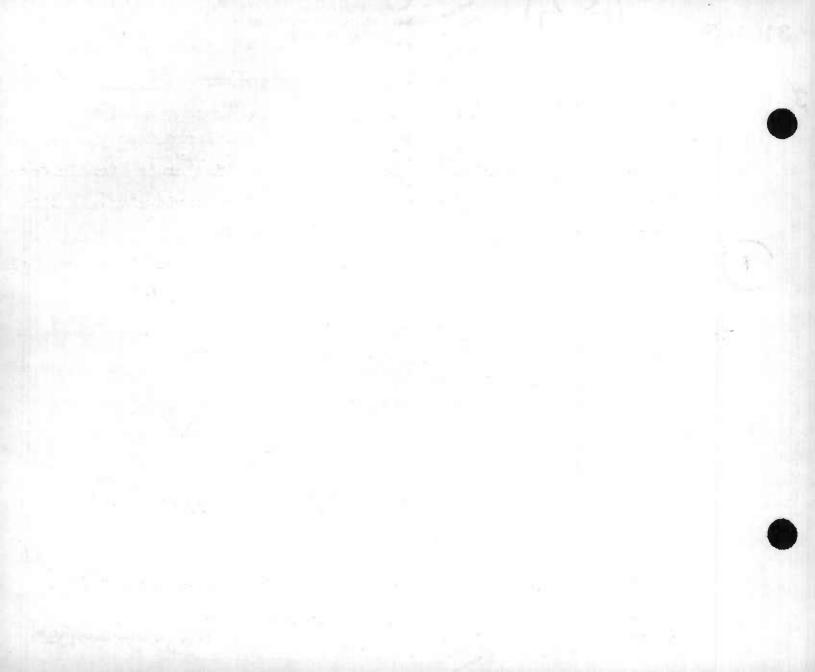
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1 - STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





injury, ar other troumatic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 shows

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| FOR STATE REGISTRAR | | | DEPAR | | EALTH AND | MENTAL HYG DEATH | | G. NO. | 3 | | 0 | |
|---------------------------------------|---|-------------------|--|-------------|---------------------|---------------------|---------------------------------------|-----------------|----------------------------------|--------------|------------------|---------------|
| DECEASED NAME | FIRST | ۸ | NIDDLE | L | AST | | 20. DATE OF DEAT | Н момтн | DAY | YEAR | 2b. HOUR | |
| TITE OK PRINTS | Mildred | M. | | F | Rutt | | Decembe | ar | 25 | 198 | 5.10 | :46an |
| SEX | | 4 RACE | | 5. DATE C | | | 6 AGE (IN YEARS LA | ST BIRTHDAY) | MONTHS | RIYEAR DAYS | IF UNDER 2 | MIN. |
| female | | white | | MONTH 1 | 31 DAY | 1918 | 67 | YR: | | UATS | HOURS | MIN. |
| a. BIRTHPLACE (S | TATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTR | Y? 8. | NEVER | MARRIED - | 9 BALTIMORE CI | TY OR COUN | ITY OF DE | ATH | | |
| Baltimo | re | U.S. | A. | WIDOWE | | NORCED | Baltimo | re Cour | nt.v | | | MD. |
| Rossvil | | Frankii | | | | NOITUTITE | TYPE OF WORK FORM HOUSEWI | PATION | 12h | KIND OF | epin | S OR |
| Md . | 113b. COUN Balt | ITY | GIVE RESIDENCE BEF | NWN | 13d INSIDE YES . | CITY LIMITS? | 13e.STREET ADDR | | | erry 2112 | Hall | ,Md. |
| Charles | | MIDDLE | Dieter | | | rs MAIDEN NA/ | MIDE | | | Kraf | | |
| 60 WAS DECEASE | DEVER IN U.S. AR | MED FORCES? | 16b SOCIAL SE | CURITY NO. | 17 INFORM | ANT | Α | DDRESS | | | | |
| no | | | 218-14 | -9007 | Doris | 3 Dietz | 9818 Fo: | x Hill | | | 8 MATE INTERV | |
| gave rise cause (a), underlying | if any, which to immediate stating the cause last. | (b) DUE TO, OI | R AS A CONSECUTIVE AS A CONSECUTIVE TO THE PROPERTY OF THE PRO | QUENCE OF | | Myo | CARDIAL LINAL DISEASE OR | | | PART III | min | |
| 190 DATE OF | OPERATION | 196 CONDI | TION FOR WHI | CH OPERATIO | N WAS PERF | ORMED | 200 AUTOPSY? | IN CEI | YES, WERI RTIFYING (YES [| | | |
| OR CONTRIBUTE | WAS UNDERLYING | P.J | M. MONTH M. | 19 | 21c. HOW I | ION | RED (ENTER NATURE O | FINJURY IN ITEM | | PART 2) | ST | ATE |
| | that (I) (this laspi deceased alive on (we) (did) (did no | / /. | and the same of th | <u> </u> | DEGREE | | death accurred an t | | | ram the | couses star | e)last ted |
| | ffrey Par | | M.D. | ya. | 220 ADDRE 9518 | SS | MEDICAL DIRECTOR □ PH delphia R | | | 40 | 6/ (| 2_ |
| 30. BURIAL, CREM | ATION, REMOVAL | 23b. DATE | 23 | NAME OF C | EMETERY OF | CREMATORY | 23d LOCATION | | COUN | ity | 67 | ATE |
| burial | | 12/28/ | 85 8 | t. Jos | eph Ce | m. | Fullert | | lto. | | 31 | |
| HINEDAL DIDEC | TOD | | | | | 25a-DAT | F DEC'D RY DECIS | DAD 25 DEC | de to bus | CITIC KI ANT | IDE | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

Lassain Funeral Home 7401 Belair Road DEC 31 985

Jula day lon finder

Late Supposed A. 19 Canada and a second second second second THE PERSON WAS A STATE OF THE RESIDENCE OF THE PARTY OF T FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

| REGISTRAR | | C | TEATE OF D | | REG. N | 0. | | | |
|--|---|------------------------------------|---------------------------|--------------------|--------------------------------|----------------------|------------------|------------|----------------------------------|
| 1. DECEASED NAME FIRST | MIDDLE | | LAST | | 20. DATE OF DEATH | MONTH | DAY | YEAR | 2h HOUR |
| LEONARD | J. | BUXT | ON. | | | 12 | 1 | 85 | 6:27am |
| | RACE | 5. DATE C | | | 6 AGE (IN YEARS LAST BI | RTHDAY | MONTH | DER I YEAR | IF UNDER 24 HRS |
| Male | White | 6 NITH | 25 | 1914 | 71 | YRS. | | | HOURS MIN. |
| 70. BIRTHPLACE (STATE OR FOREIGN 76 | CITIZEN OF WHAT COUNTRY | /? 8 | D K NEVER A | AADDIED [| 9 BALTIMORE CITY | _ | | | |
| COUNTRY) Maryland | U.S.A. | WIDOWE | DO DA | ORCED | Baltimon | | | | MD |
| tows on | NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET GBMC 6701 N. | ING HOME C ET ADDRESS) Char1 | or other inst Les Stre | eet | TYPE OF WORK FOR MOST O | | LIFE) 121 | Sale | ES Ex. |
| USUAL RESIDENCE (IF NURSING HOME OR OT | HER INSTITUTION ON BRESIDENCE BEFO | DRE ADMISSION) | | | | | | | |
| Maryland Balto | Towson | NN 1 | 13d INSIDE C | NO 🔀 | 13e.SIREEL ADDRESS 2207 Whi | t comb | Ci | rcle | 21204 |
| 4 FATHER'S NAME | | | | MAIDENNAM | | | | | |
| Brook L. | Buxton | | L | űetta | widone. | | | Sirl | baugh |
| (YES NO OR UNKNOWN) (IF YES, GIVE W | | | Mrc 1 | | ne Buxton | _ | ame | 26 | 13e |
| No | 210 10 | 3443 | 111.5 | iva ciia i | ne baxeon | | ame | | |
| 8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | ane couse per line for (a), (b), c BY: GI Blee | | | | | | | BETWEEN I | MATE INTERVAL ONSET AND DEATH |
| IMMEDIATE | | ding | | | | | - 1 | CW I | ays |
| | DUE TO, OR AS A CONSEO | UENCE OF | , | | 1.0.1 | | | | |
| Conditions, if any, which | (CHF E | nd- s | tage | . , rev | ral fails | me | | | |
| gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQ | | 3 | | | | | | |
| underlying cause last. | DUE TO, OK AS A CONSEC | DENCE OF | | | | | | | |
| PART 2 OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO | DE ATH BUT | NOT RELATED | TO THE TERM | NALDISEASE OR CON | IDITION G | IVEN IN | DAPT 1 | 0 |
| - | NO TO CONTRIBUTION | DEATH BOT | NOT KEEKIED | TO THE TERM | MAL DISEASE OR COM | 10110110 | 14 [14 11 | T ANT TO | o . |
| 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING | 196. CONDITION FOR WHIC | H OPERATIO | N WAS PERFO | RMED | 200 AUTOPSY? | | | | NGS USED |
| 04 | | | | | YES T NOT | | TIFYING YES 🗍 | CAUSES | OF DEATH? |
| 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 121r HOW IN | IURY OCCURR | ED (ENTER NATURE OF INJ | | | 38 PART 21 | 140 |
| 00.00 | LUGUE AU MONTELL | DAY YEAR | | JOHN OCCOM | ED (ENIER NATURE OF 194) | JK I II II I I I I I |) PARTIC | JR FART 21 | |
| (IF EITHER NOTIFY MEDICAL EXAMINER) | 21e PLACE OF INJURY | | 211 LOCATIO | N | | | | | |
| WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE | E, FARM, ETC) | STREET | | CITY OR TO | NWO | C | YINUO | STATE |
| 22a. I certify that (I) (this haspital |) ottended the deceased from | 10/3 | 30 | 19 85 | 12/01 | | . 19 8 | 35 | that (I) (we) last |
| saw the deceased alive on abave, (1) (we) (did) (did not) | 12/01 | OF | nd that in (my) | (our) opinian d | eoth occurred on the d | ate ond ho | our ond | | 1. 1 - 7 |
| 22b. SIGNATURE | 0 | | DEGREE | | | , | 1 | 22c. DATE | SIGNED |
| Michael E. | Xulewski r | n.D | | TTENDING PHYSICIAN | MEDICAL STA | | | 12/ | 1/85 |
| 22d PHYSICIAN'S NAME (TYPE OR P | RINI) | | 22e. ADDRES | S | | 1 | | / | 1 |
| MICHAEL E. SULE | WSKI, M.D. | | GBMC 6 | 701 N. | CHARLES ST | . TOW | SON | MD 2 | 21204 |
| 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 23h DATE 12-3-85 13c | NAME OF C | Park C | REMATORY | 23d LOCATION | | cou | NIY | Md STATE |
| 2 | | | | , | | ./ . | | | 71 |

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. ADDRESS

York Rd. DECO BY 4 985 256 1050

21204

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HISHARI E. SULKISH, M.V. - CEM 6701 M. CHARLES ST. AUSBM MIZIZES

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done to Management

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

26 HOUR

IF UNDER I YEAR

| DECEASED NAME | FIRST | WIDDLE | LAST |
|----------------|--------|--------|------------------|
| TYPE OR PRINTS | TOSEPH | A | BURNA |
| SEX | 4 RACE | | 5. DATE OF BIRTH |

WHITE MALE

Th CITIZEN OF WHAT COUNTRY?

YEAR MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

BIRTHPLACE (STATE OF FOREIGN PRYLAND CITY OR TOWN OF DEATH

WIDOWED 🗹 HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DIVORCED |

BALTIMARE Dispatcher

Transit Admin.

E UNIOER 24 HR

10WSON 130. STATE

FOR

REGISTRAR

- STATE

007111

SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Baltimore

YES X 15. MOTHER'S MAIDEN NAME

1312 Colbury MIDDLE

Md A FATHER'S NAME

Thomas

J.

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

136 COUNTS

Byrne 166 SOCIAL SECURITY NO. Jane

arrest

ADDRESS

Gannon

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)

CERTIFICATION

00

215-09-3584

ST. TOSEDH HOSPITAL

17 INFORMANT

Joseph L. Byrne (son) same address

IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse to, stoting the underlying couse lost.

PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16

200 AUTOPSY?

190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING MEDICAL

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

NOT WHILE

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION

sow the deceased alive on_ obove, (I) (we) [did) (did not) view the body ofter death

22a 1 certify that (1) (this hospital) attended the deceased from,

DEGREE

22e ADDRESS

Moreland Mem. Park

PHYSICIAN DIRECTOR PHYSICIAN

JUREIHL

230. BURIAL, CREMATION, REMOVAL Burial

12/31/85

23c NAME OF CEMETERY OR CREMATORY

Baltimore

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

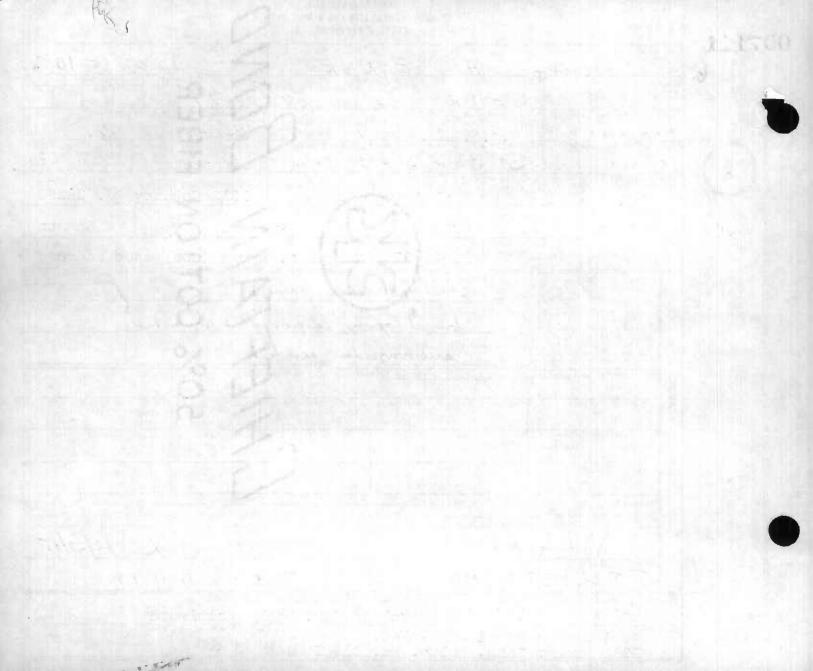
Md.

24 FUNERAL DIRECTOR Inc. 3331 Brehms Lane, Balto, Md.

21213

25a. DATE REC D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



| 1 07470 | | STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 8 5 3 | 3 4 |
|--|---|--|--|--|
| REGISTRAR 2/26/86 | MIDDLE | (AST | REG. NO. | DAY YEAR 26. HOUR |
| Chill Chillians Co. | uel M. | Calcagno | | 985 |
| 1. SEX Mr.Le | 4 RACE White | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HA |
| 7a. BIRTHPLACE ISLATE OF FOREIO | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| CATORS VILLE | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALL SPRENTS OF THE SPRENTS OF T | SHOME OR OTHER INSTITUTION DORESS) E STATE HOSP | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L | 12b. KIND OF BUSINESS (INDUSTRY |
| | OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A | ADMISSION) 13d INSIDE CITY LIMITS YES NO | 13. STREET ADDRESS / ZIP COD 305 E. JOPPA | Rp. 21204 |
| 14 FATHER'S NAME | MIDDLE CALCACNO | 15. MOTHER'S MAIDEN N. | unkno@ple | LAST |
| 16a WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF | S. ARMED FORCES? 16b. SOCIAL SECUR YES GIVE WAR OR DATES) 214033 | 17. INFORMANT 282 Ed Rybczynski | ADDRESS 2437 Foster Ave. | |
| IS CAUSE OF DEATH E | nter only one couse per line for (o), (b), and | 1c.) c | P. A. 57 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| | DUE TO, OR AS A CONSEQUEN | 1 | 9, 42. 9 | |
| Canditians, if any, whi gave rise to immedic cause (a), stating t underlying couse la | ich (b) Citica the DUE TO, OR AS A CONSEQUEN | ox myore | alsex grof | met and |
| The state of the s | ANT CONDITIONS CONTRIBUTING TO D | EATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION G | IVEN IN PART Ira |
| IN DATE OF OPERATION 210. ACCIDENT WAS UNDERLYI | 19b CONDITION FOR WHICH C | DPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\text{NO} \) |
| OR CONTRIBUTING CALLER | OF DEATH HOUR A.M. MONTH DAY | Y YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| CIFETHER NOTIFY MEDICAL EX | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA | 21f. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | hospital) attended the deceased fram | , 19, and that in (my) (our) opinion | , ta, ta | , 19, that (l) (we) I |
| 7A SIGNATURE N | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 221. DATE SIGNED |
| 22d PHYSICIAN'S NAME Nestor N | (TYPE OR PRINT) A. Carmona MD | 22e ADDRESS | ford Rd. Balto | o. Md. 21214 |
| 23u. BURIAL, CREMATION, REM | OVAL 23b DATE 23c N. | AME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| 24 FUNERAL DIRECTOR | & Sons Inc. 40°PREST. | | ATE REC'D. BY REGISTRAR 255. REGIS | TRAR'S SIGNATURE |

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02 13 1921 8 VAL

11 4 212 EXT - 2010 BASTIMONE COUNTY

CHINE THE SHAWE GROVE TIKE HOSE

STATE OF THE STATE

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 365087 Helen M. Garritu REGISTRAR REG. NO 1. DECEASED NAM 20. DATE OF DEATH (TYPE OR PRINT) M. 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH 1895 Female White 90 Ja. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland Baltimore County CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Catonsville Elpin Dr. Catonsville, Housewike Own Home 21228 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore Catonsville 211 E. Elpin Dr. Catonsville. Md. 15. MOTHER'S MAIDEN NAME FATHER'S NAME LAST MIDDLE Albert Katie Donlan Hauk ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NOOR UNKNOWN) LIF YES GIVE WAR OR DATES) 215-07-6932 Helen Lawson Same as 13e. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per la for to PART I. DEATH WAS CAUSED BY onspouence of theast disease Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the despased from, saw the deceased alive an. and that in (my) (our) apinian death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the body after death ATTENDING STAFF DIRECTOR PHYSICIAN Baltimore. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) Burial 12/27/85 New Cathedral Cemetery Baltimore 24 FUNERAL DIRECTOR Catonsville. Md. 21228 DHMH - 16 60M 7/84

assour' 100 RESERVED TO SERVED BY Same from the world for the great the same DE LONGUEZ DE ROMANDE DE MISSE EST MOREND COME DE DESENTA Allege Strange
STATE OF MARYLAND

| CERTIFICATE OF DEATH | REG. NO. | | | |
|----------------------|--------------------------------|------------------|-------|------|
| CARVER | De C 2 | 7 1985 | 9-1 | 5 P |
| 3. DATE OF BIRTH | A. AGE. (IN YEARS LAST BROKEN) | TENDER STEAM | FUNDE | 200 |
| 11 08 93 | 92 7 A YMS | Sepretinis Deets | HOURS | 20.0 |
| NTRY? A | V. BALTIMORE CITY OR COUNT | Y OF DEATH | | |

4. RACE 1.5£X

II CAUSE OF DEATH Enter only one cause per line for ion this and is

IMMEDIATE CAUSE (a)

CAROLINE

MARRIED A NEVER MARRIED DIVORCED [

13s STREET ADDRESS / ZIP CODE

THE KIND OF BUSINESS OR INDUSTRY

FATHER'S MAM

- STATE REGISTRAR I. DECEASED NAME Y THINK COM PROVIDE

5A3T

3420 University Place 21218

PART Krause

John M WAS DECEASED EVER IN U.S. ARMED FORCES INS. HO DELINENDWS NO

PART I DEATH WAS CAUSED BY

Mr. SOCIAL SECURITY NO. 212-74-2409

neuron a

Tourse 17 INFORMANT

21146 Adolph W. Ebersberger 301 Avondale Cir.

Conditions, if any, which pove rise to immediate couse total stating the underlying course last

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

70s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHT

COUNTY

CERTIFICATION

MEDICAL

The ACCIDENT WAS UNDERLYING []

12/25

F.M

21e PLACE OF INJURY

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORS OFFICE FARM CTC I

NOT YES [THE HOW INJURY OCCURRED. LIMITED AND COMMUNICATION OF THE REPORT OF THE PARTY OF TH

78e AUTOPSY?

1% CONDITION FOR WHICH OPERATION WAS PERFORMED

211. LOCATION

EIRI GETOWN

DIAME

NO IT

33s BURIAL CREMATION, SEMOVAL

OR CONTRIBUTING CAUSE OF DEATH

LIFERINGS INCOME MEDICAL EXAMINES.

THE MET WHILE TO

FIA INJURY OCCURRED

22* ADDRESS

ATTENDING

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110

MEDICAL STAFF PHYSICIAN - MIRECTOR - PHYSICIAN -

and that in my (our) opinion death occurred on the date and hour and from the couses stated

Th. DATE SIGNED

23b DATE

274 I certify that II this haspital attended the deceased from

Hubbard Funeral Home, Inc.

73s. NAME OF CEMETERY OR CREMATORY

DEGREE

THE LOCATION

Baltimore

CONSTR Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 74 FUNERAL DIRECTOR

Mt. Olivet Cemetery

4107 Wilkens Ave.

DEC 30 DOS 1 FOR THE TOTAL TO

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-CASSON DEATH MATED BERNICE MARY 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD 12-6-8519 8:35RM White 60 Female 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Baltimore County DIVORCED Maryland ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 354 Earles Rd. (Wooded area) Chase Housewife Homemaking USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Maryland Baltimore NO V 300 Earles Rd. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Seifert Louis Tremper knna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** Penna.17314 219-10-3625 Catherine S. Patrick Box 311 Delta 11, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt trauma to head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR
CONTRIBUTING CAUSE OF DEATH subject assaulted (Wooded area) 354 Earles Road Chase, Mary and WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held on Inspection Homicide X. death resulted fram: PAGE 4 SHOULD BY FOUR BY FILE DEATH, WITH BALTIMORE, MARY ASSTSTant DATE 12-7-85 ACTUAL SIGNATURE MEDICAL EXAMINER 111 Penn Street Gregory R. Kauffman, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 12-9-85 Westview Crematory Baltimore, Maryland 07/84 BP 7401 BelAIE Rd 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR **DHMH** - 17 Julia Davidson tome BALTO. MD. 2123 (VR A15 ME (5))

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | CERTIFICA | ATE OF DEATH | REG. NO. | | |
|-----|---|---|---------------|-----------------------------|-----------------------------------|---------------------------|--|
| | I. DECEASED NAME FIRST {TYPE OR PRINT} | MIDDIE | LAST | | | ONTH DAY YEAR | 2h HOUR |
| | VERO | NICA M. | CELL | UCCI | 12 | 26 85 | 1435 M |
| | 3. SEX | 4 KALE | 5. DATE OF B | IRTH YEAR | & AGE (IN YEARS LAST BIRTHO | MONTHS DAY | |
| 1 | FEMALE | WHITE | | 14, 1923 | 62 | YRS | |
| - | 70 BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | (? 8 | NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY OF DEATH | |
| 4 | MARYLAND | U.S.A. | WIDOWED | •• | BALTIMORE | E COUNTY, | MD. |
| | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | ING HOME OR C | THER INSTITUTION | 120 USUAL OCCUPATION | | OF BUSINESS OR |
| > | RANDALLSTOWN | BALTIMORE CO | UNTY, G. | ENERAL HOS | | | UCATION |
|) | 130 STATE 136 COUR | TIMORE 136 CITY OR TO 212 | WN. 113d | I INSIDE CITY LIMITS? | 8324 RIDO | | RD. 2123 |
| 7 | 14 FATHER'S NAME | MIDDLE LAST | 15 | MOTHER'S MAIDEN NAM | WE | | LAST |
| 1 | GEORGE G | | IN | MARY | A. | | OHL |
| | 160 WAS DECEASED EVER IN U.S. AR | RMED FORCES? 16b. SOCIAL SEC | CURITY NO. 17 | INFORMANT | ADDRESS | | |
| | (YES NO OR UNKNOWN) (IF YES, GI | 215-12- | 4691 V | INCENT A. | CELLUCCI, S | R.BALTO | . MD2123 |
| 1 | 18 CAUSE OF DEATH (Enter or | nly one cause per line for (a), (b), (| and (C) | | | | OXIMATE INTERVAL EN ONSET AND DEATH |
| | | nly one couse per line for (0), (b), c ED BY: TE CAUSE (0) CARD | MAPO | A34370 | LF | | |
| ı | IN INCOM | DUE TO, OR AS A CONSEO | LIENICE OF | 1010 | | | |
| ٩ | Conditions, if any, which | (b) GHO | C/1 | | | | |
| | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQ | LIENICE OF | | THE RESERVE | H (1) | |
| | underlying couse lost. | CAAG | III DP | ATHY. | | | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NO | T RELATED TO THE TERM | INAL DISEASE OR CONDI | TION GIVEN IN PART | 110 |
| | 3 NODILAR. | SCII ROSIS | RAD | IATION 7 | PAIRIIMANI | 1118.0 | OPI). |
| | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION W | VAS PERFORMED | | | DINGS USED |
| | NO DULAR 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | | | | YES NO | IN CERTIFYING CAUS | NO [|
| | 210 ACCIDENT WAS UNDERLYING | | DAY YEAD 21 | t. HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY I | NITEM IS PART OR PART 2 | 1 |
| | OR CONTRIBUTING CAUSE OF DE | MIIII | 19 | | | | |
| | OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED | 21e PLACE OF INJURY | 21 | I. LOCATION | CITY OR TOWN | COUNTY | STATE |
| | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE | E, FARM ETC) | SIREEI | CITORION | 600.417 | JIAIL |
| - ! | 22a I certify that (I) (this hospi | ital) attended the deceased from | | | , to | . 19 | . that (i) (we) lost |
| | sow the deceased alive on | of view the body ofter death. | , ond th | not in (my) (our) opinion o | death occurred on the date | and hour and from the | ne couses stated |
| | 22h Signifuls | 1 / | DEG | REE | | 22c. DA | TEGIGNED |
| 01 | Hagel . | A -5700 | 12 | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIA | NX /2/ | 26/21- |
| | 228 PHYSICIAN'S NIGHT INTE | When the | 22 | e ADDRESS | | | |
| J | H. A. SY | El) min | B | ALTIMERF | MININ | GIN. | ALOS P |
| | 230 BURIAL, CREMATION, REMOVAL | HE DATE 23c | NAME OF CEME | TERY OR CREMATORY | 23d LOCATION | GU! | |
| | BURIAL | | OLY REI | DEEMER CEM | ETERY BALT | COUNTY | ARYTAND |
| V | 24 FUNERAL DIRECTOR | 1 - 2 - 2 - 1 - 2 1.2 | | 25g DATE | F REC'D BY REGISTRARIZS | REGISTRAR'S SIGN | ATTIPE |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for with the State Dept of t

TO FUNERAL DIRECTOR: After this certificate has been

WILLIAM ADDRESS E. JOHNSON8521 RAVEN DEC30 1985 Junio Devilor Bondelle

2510200 Centarion Plant MUDLETE STEERS FORDED TONE THE ENGLISHED IS TOPIS A TALL X The state of the s

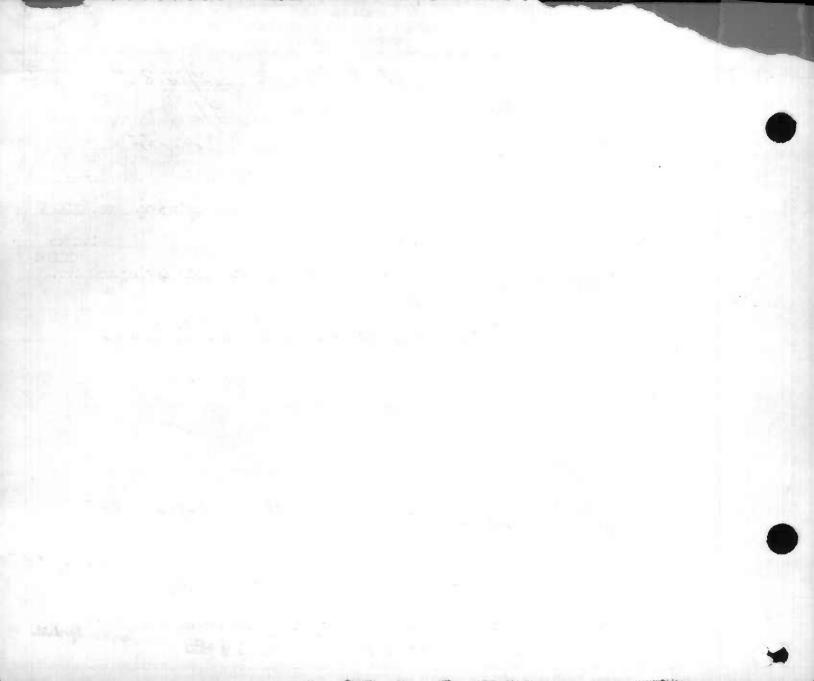
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 76 HOUR OFF CHEPRISTS 4. RACE 6. AGE (IN YEARS AST BIRTHDAY) 7a. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife 1136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 4518 Springwood Ave. 21206 Maryland Baltimore NO FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST George Miedvitz Mitchko Mary ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21206 I VES. NO OR UNKNOWN! 196-38-7228 Margaret Welshko, 4518 Springwood Ave no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO A CONSEQUENCE OF Perotic Heart desar Canditions, if any, which gove rise to immediate cause (a), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [NO F 2 a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTHY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (aur) opinion death accurred on the date and haur and from the couses stated abave (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial St. Mary's Byzantine Hazleton, Luzerne Co. Pa

HMH - 16 50M 4/83 VRA 15, 43

24 FUNERAL DIRECTOR Hubbard Funeral Home, 4107 Wilkens Ave.

PAR 250 BEORS WANTED



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| | 1 | TIEF: NUMBE | P 13a, e, PTR. PH. | | | 3 | 4 8 |
|--|---------------|--|--|--|--|-------------------------------------|----------------------------------|
| 02085 | 1- | FOR] -3-86 D.W. REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 9 | |
| | | CEASED NAME FIRST | MIODLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR | 2b HOUR |
| oy be oge 3 death | 11112 | Marj | 7 | Chase | 12 | 25 85 | 2:07AM |
| fer o | 3. SEX | | 4 RACE | 5. DATE OF BIRTH | 7,02 (| IF UNDER 1 YEAR | IF UNDER 24 HRS |
| ecto ors of | Fe | male . | White | 12 25 85 | YRS | | |
| nerol di | | RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND | 76. CITIZEN OF WHAT COUNTRY? USA | MARRIED NEVER MARRIED M | Baltimore County Baltimore Count | | MD |
| by the fulled with | | owson | 11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY GIVE STREET GBMC 6701 N. Ch | AG HOME OR OTHER INSTITUTION ACCORESS) arles Street | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | | BUSINESSOR |
| fulled in the food be for the food be for the food be for the food by the food | 13a. S | TATE MARYLAND | NOTHER INSTITUTION GIVE RESIDENCE BEFOR | E ADMISSION) (N INORE 13d. INSIDE CITY LIMITS? YES NO | 13e.STREET ADDRESS / ZIP CODE 5727 ARNHEN RI | | 6 |
| 2 sh | 14. F# | THER'S NAME | MIODLE LAST | 15 MOTHER'S MAIDEN NA | | | |
| 1 1 15 | P | John | A. Chase | e Patrici | a L. | Hu | tton |
| es 1 | | AS DECEASED EVER IN U.S. AR | | | ADDRESS | | |
| Pog med | , | ES, NO OR UNKNOWN) (IF YES, GIV | /E WAR OR DATES) | Mrs. Patricia | L. Chase 5727 A | rnhem R | d.21206 |
| coppers coppers ent, the | | | nly one couse per line for (o), (b), and DBY: Immaturi | ty 23 wek weeks ge | station | | NATE INTERVAL INSET AND DEATH |
| 0 0 | | MMEDIA | TE CAUSE (a) | | | TO not | irs 17 i |
| Junot to mo | | Conditions if any City | DUE TO, OR AS A CONSEQU | ENCE OF ory distress syndr | omo | 11 11 | 11 |
| mom. | | Conditions, if any, which gave rise to immediate | | | Ome | | |
| oy the | 1 | couse (a), stating the underlying cause last. | DUE TO, OR AS A CONSEOU Severe A | | | 11 11 | - 11 |
| buriol y, or s | | PART 2 OTHER SIGNIFICANT (| | DEATH BUT NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITION GIV | EN IN PART 110 | |
| The Tree | o N | | | | | | |
| te has be | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED | IN CERTIF | , WERE FINDIN YING CAUSES (S | GS USED OF DEATH? |
| Hygir Hygir | CER | 210. ACCIDENT WAS UNDERLYING | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 P. | ART OR PART 2) | |
| Mentol | AL | OR CONTRIBUTING CAUSE OF DEA | | 19 | | | |
| C - U | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 211. LOCATION | CITY OR TOWN | COUNTY | STATE |
| e os the olth and marked | Z | WHILE NOT WHILE D | (AT HOME STREET, FACTORT, OFFICE, I | ARM. ETC) | | | |
| eolfl eolfl | | 22a. I certify that (I) (this hospi | ital) attended the deceased from_ | 12/24 19.85 | 12/25 | 19.85 | hot (I) (we) los |
| I | | sow the deceased alive an | 12/25 19 | 85 , and that in (my) (aur) apinian | death accurred an the date and have | and fram the c | auses stated |
| of of of of | | | a transfer de de la company de | DEGREE | | 22c. DATE S | SIGNED |
| thed for u ept. of He them 21 is | | 22b. SIGNATURE | | | | | |
| chec chec Dept Iten | | 22b. SIGNATURE | Mowies V | ATTENDING PHYSICIAN TO | MEDICAL STAFF | 12/2 | 24/85 |
| chec chec Dept Hen | | 226. SIGNATURE | Mowie M | ATTENDING PHYSICIAN T | MEDICAL STAFF DIRECTOR HYSICIAN | 12/2 | 26/85 |
| chec Chec Dept Iten | | G. Ko | WICZ | 22e ADDRESS | MEDICAL STAFF DIRECTOR HYSICIAN Charles Street | Towson | MD 2120 |
| DiRE ochec Dept If Iten | 23a 8 | 22d PHYSICIAN'S NAME (TYPE OF KARLO) | WICZ_ 23b. DATE 23c | 22e ADDRESS | . Charles Street | | |
| chec Chec Dept Iten | 23a 8 | 22d PHYSICIAN'S NAME ITYPE C | W1C2_ 23b. DATE 23c | GBMC 6701 N | Charles Street | | |
| chec chec Dept Hen | - | 22d PHYSICIAN'S NAME (TYPE OF KARLO) | W1C2_ 23b. DATE 23c | GBMC 6701 N | Charles Street 23d LOCATION CITY BETT LIMOTE | County, | Md. STATE |

again. 0EC 31 1865 " (Linker) forces !

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

| 1 - STATE REGISTRAR | | | DEPARTM | | ICATE OF D | | REG. 1 | NO. | | | | |
|--|------------------|---------------|--|-----------|---------------|-------------|--|----------|---------|--------|----------|----------|
| 1. DECEASED NAME | FIRST | ٨ | NIDDLE | (| AST | | 20. DATE OF DEATH | MONTH | DAY | YEAR | 2h HOUI | R A-M |
| | RAYMON | ID | L. | | CHEW | | | 12 | 12 | 8> | 0 | M |
| 3. SEX | | 4 RACE | | S. DATE C | | | 6 AGE JIN YEARS LAST B | IRTHDAY) | IF UND | | IF UNDER | _ |
| MALE | | WHITE | | Feb | | 12 | 73 | YRS | MONTHS | DAIS | HOURS | MIN. |
| To BIRTHPLACE (STATE (| OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 AAAAAAA | D NEVER A | AAPPIED T | 9 BALTIMORE CITY | OR COUNT | Y OF DE | ATH | | |
| Maryland | | USA | | WIDOWE | _ | VORCED [| Baltimore | e Cour | nty | | | MD |
| 10 CITY OR TOWN OF D | DEATH | | OSPITAL, NURSIN | | OR OTHER INST | ITUTION | 120 USUAL OCCUPA | | | KIND O | FBUSINE | SS OR |
| Arbutus | 27.0 | | eeds Ave | | 21227 | | Lathe Oper | | | | ern 1 | Elec |
| USUAL RESIDENCE IF NO 130. STATE Maryland | 13b COUN Balt | imore | give residence before 13t. CITY OR TOWN Arbutu | V | 13d. INSIDE C | ITY LIMITS? | 13e.STREET ADDRESS 4400 Leed | | | 212 | 27 | |
| 14 FATHER'S NAME | | | | | 15 MOTHER'S | MAIDEN NA | | | | | | |
| Raymond | J | WIDDLE | Chew | | Elei | nora | $\overset{\scriptscriptstyleMIDDLE}{\mathbf{T}_ullet}$ | | S | chmi | dt | |
| 160 WAS DECEASED EV | ER IN U.S. AR | MED FORCES? | 166 SOCIAL SECUI | RITY NO. | 17 INFORMA | NT | ADDI | RESS | | | 214 | 01 |

| no | 217-01-2426 WIIIIam B. Chew, 1165 Baywiew | vista, Alliap. |
|---|---|---|
| 18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED) IMMEDIATE | one couse per line for (a), (b), and (c); BY: CAUSE (a) VENTRICULAR ARLMYTHMIAS Ze | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gove rise to immediate couse [10], stating the underlying couse last. | DUE TO, OR AS A CONSEQUENCE OF CALLS ONLY OF AT HY DUE TO, OR AS A CONSEQUENCE OF (c) | |

YES 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

P.M. 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM ETC)

in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS

Pine Heights Ave., Rm 202 1001

Dr. Kuhn 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore COUNTY Burial Dec. 16 New Cathedral

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4707 Wilken 31228.

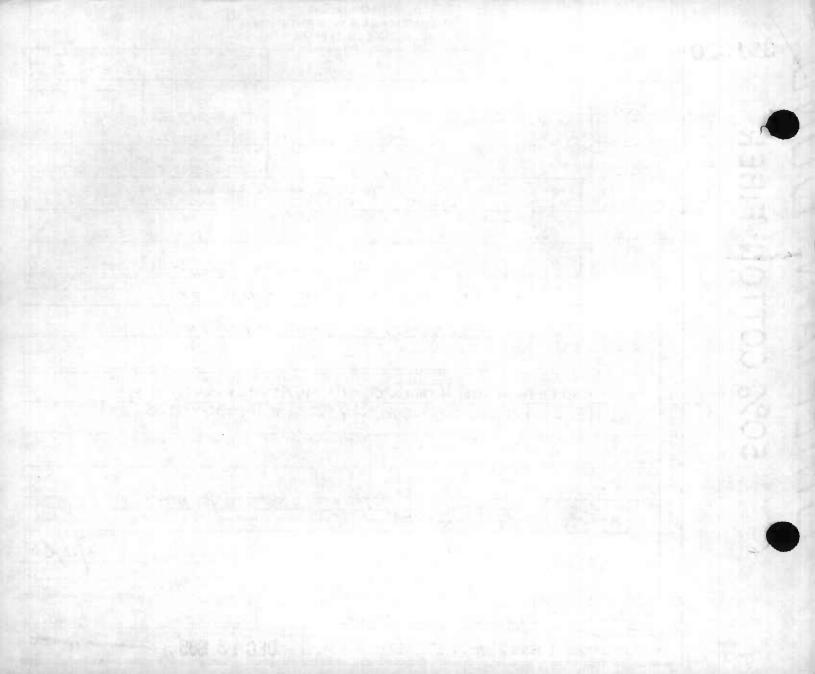
(IF YES, GIVE WAR OR DATES)

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

21229

Md.

STATE



Formele White Jan. 25 1650 Norwy V.E.A. The House see that the House va. Townson 1110 ullney Viller F. 124 ntendit 816 7 5156 orthur . Onri ten en Uremitin 1 1 5 Green vount 110. Henry Jenking on Ur., Elto., vd.

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| STATE OF MARYLAND | |
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| PARTMENT OF HEALTH AND MENTAL HYGI | ENE |
| CERTIFICATE OF REATH | |

CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH L DECEASED NAME 2h HOUR F.W. Campbell 185 CLARENDON 12:02P_M 12 04 5. DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) 1.56X 4. RACE IF UNDER 24 HRS April 16, 1904 White 81 Male BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Vermont U.S.A. BALTIMORE COUNTY. DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR I CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON GREATER BALTIMORE MEDICAL CENTER Retired- Federal Glass Co. AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2319 McComas Road, 21161 Maryland Baltimore White Hall 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Knight Campbell Clarendon Martha F.W. 17 INFORMANT ADDRESS 16b SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Gerald K.C. Clarendon, Sr. Same As #1321161 (IF YES GIVE WAR OR DATES) LYES NO OR UNKNOWN) 291-07-7117 YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY VENTRICULAR FIBRILLATION IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF VENTRICULAR ANEURYSM Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. MYOCARDIAL INFARCTION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES T NO I 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 IN JURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this haspital) attended the deceased from 12/04

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b DATE

abave, (I) (we) (did) (did nat) view the bady after death.

CRAIG M. SHAUGHNESSY, M.D.

12-5-85

saw the deceased alive an_

22d PHYSICIAN'S NAME (TYPE OR PRINT)

226 SIGNATURE

Cremation

85

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

STATE

GBMC - 6701 N. CHARLES STREET 21204

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

231 NAME OF CEAN OR CREMATORY 23d LOCATION Westview Crematory Baltimore, Maryland

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR ADDRESS 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

| EP | ARTMENT | OF HEA | ALTH . | AND | MENTAL | HYGI |
|----|---------|--------|--------|-----|--------|------|
| | CF | RTIFIC | ATE | OF | DEATH | |

| REGISTRAR | | | | | | | REG. NO | | | | |
|--|-----------------------------------|-------------------------------|---|-----------|---------------|------------------------|--------------------------------------|------------|-----------------------------------|-------------------|-------|
| I. DECEASED NAME | FIRST | 1 | AIDDLE | L. | AST | | 16. 01112 01 001111 | HINON | DAY YEAR | 2b. HOL | IR |
| (TYPE OR PRINT) | John | n | G. | Cla | arke | | 1 | 2 | 6 85 | | M |
| 3. SEX | | 4 RACE | | 5. DATE C | | | 6. AGE (IN YEARS LAST BIRTH | (DAY) | IF UNDER TYEAR | IF UNDER | |
| Male | | Wh | ite | 10 | 27 | 1899 | 86 | YRS. | MONTHS DAYS | HOURS | MIN. |
| . BIRTHPLACE (STATE O | R FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER | AARRIED [| 9. BALTIMORE CITY OF | • | | | |
| Dundee, Sco | otland | USA | | WIDOWE | DA D | VORCED [| Baltimor | | | | MD |
| Towson | EATH | | HOSPITAL, NURSIN HEACILITY GIVESTREET an Multi- | | | | OSUAL OCCUPATION OF THE Ret.—Machi | WORKING L | 126. KIND OI INDUSTRY Koppe | | SS OR |
| USUAL RESIDENCE (# NI 130. STATE Maryland | 13b. COUI Balt | OTHER INSTITUTION. | GIVE RESIDENCE BEFORE | | 13d. INSIDE C | NO 🗗 | 13. STREET ADDRESS / | ZIP COD | Avenue | 21: | 206 |
| 14. FATHER'S NAME John | | MIDDLE | Clarke | | | s maiden nan irbara | WE | | Baxts | er | 30 |
| 160 WAS DECEASED EV | R IN U.S. AF | MED FORCES? | 166. SOCIAL SECU | RITY NO. | 17. INFORMA | INT | ADDRE: | SS | N. 957 S. L. | | |
| (YES NO OR UNKNOWN) | (IF YES, GI | /E WAR OR DATES) | 217-12- | 5613 | Mrs. 1 | orothy | Beman, Atty. | Balt | o., Md. | | |
| Conditions, if or gove rise to it couse (o), sto underlying counderlying counderlyi | mmediate ting the use last. | DUE TO, O (c) CONDITIONS CO | R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E ITION FOR WHICH | ENCE OF | | | INAL DISEASE OR CONE | 206. IF YE | ES, WERE FINDIN | IGS USE OF DEA | TH? |
| | _ | | FINJURY M. MONTH DA | | 21c. HOW II | NJURY OCCURE | RED (ENTER NATURE OF INJUR | | PART I OR PART 2) | NO [| |
| OR CONTRIBUTING [(IF EITHER, NOTIFY M 71d. INJURY OCCU WHILE NOT AT WORK | | 21e. PLACE | M. OF INJURY REET, FACTORY, OFFICE, F | ARM ETC) | 71f LOCATI | | CITY OR TOV | yN | COUNTY | | STATE |
| 22a.1 certify that sow the dece above, (1) (we | (I) (this hosp | ital) attended that | 1 | | nd that i (my | (our) opinion | to Pereu by death occurred on the do | | our and from the | | oted |
| 72b. SIGNATURE 22d. PHYSICIAN'S Carl | . / | |). (296-5) | 5 | 22e ADDRE | 55 | DEDICAL STAF | IAN 🗌 | more. Ma | 6/8 | 3- |
| 230. BURIAL, CREMATIO | | | | | EMETERY OR | | 123d LOCATION | | 7, 18 | -3- | |
| (SPECIFIC Burial | IN, REMOVAL | 12-9- | | | | ith Cem | | imor | re, Mary | land | STATE |

250. DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE
DEC 1 1 1985 Julia Bavidson-Randolle.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the standard for use as the buriol-tronsit permit. Then please TO HOSPITAL

should be detached for use as the buriol-transit permit. Then please remove carbangupe with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removed MMPORTANT: If then 21 is marked or them 18 shows any injury, or other traumatic event.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

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| national probability of the relation of manufactures of the contract of the co | content production. | line a refuser to | unvirality. | 30-,-51 | | |

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CAMBRIDGE, Do. - USA

SECREE VERSTER

MO. BALIO. REISTERSTONN

BALTIMORE CO.

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PANDALESTOWN BALTO. CO. SEN. HOSPI. HOUSEWIFE

5 CARAWAY RD. 21136

FLORENCE BRAMBLE

216-05-7910 MR. GEORGE V. SLARY EISTERSTOWN, D.

BURIAL 12/5/25 LORRAINE FARK LINE UNERAL ONE REISTERSTOWN, MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 364054 CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME 2g DATE OF DEATH 2b HOUR (TYPE OR PRINT) SAMUEL A. COLEMAN 24- 85 12-8:10P M 4 RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Male White October 1902 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY BALTIMORE COUNTY Pennsylvania WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON Retired - Bethlehem Steel Co. 6701 N. CHARLES STREET 13n. STATE 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore Lutherville NO W 1508 Dulaney Valley Rd. 21093 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert N. Coleman Gertrude Cunkleman ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) FIF YES GIVE WAR OR DATEST Wayne H. Coleman No 213-07-2212 Claire C. Owens -216 E. Lexington St. 21202 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: SEPTIC SHOCK DUE TO, OR AS A CONSEQUENCE OF DISSEMINATED INTRAVASCULAR COAGULATION Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES. WERE FINDINGS USED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 71 ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 12/24 85 85 220 I certify that (I) (this haspital) attended the deceased from says the deceased alive on 12/24 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 72L DATE SIGNED MEDICAL Should be detowith the Stote PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS J. FOSS, M.D. 6701 N. CHARLES STREET GBMC 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN COUNTY STATE Burial 12-28-85 Gardens of Faith Balto. Md. 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1050 York Rd. DHMH - 16 60M 7/84 Ruck Towson Funeral Home, Inc. Towson, Md. 21204

(VRA 15, 4)

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J. 202, E. .

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| | | OR TATE | | | | | | MENT OF | HEALTI | | MENTAL H | | | | 3 3 | - | 5 |) |
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| 344057 | R | EGISTRAR EASED NAME | F | IRST | | | MIDDLE | EXAMI | NER'S | CERTIF | ICATE O | F DEA | TH | REG. | _ | DAY | YEAR | 12b. HOUR |
| # a vi # 2 | | OR PRINT) | Thel | ma | | | E. | | Cor | nbs | | | OF DEATH | ESTI- | 12 | 4 | 19 25 | P |
| YY, PLEAS DIRECTO DU FILE 72 HOUR | 3. SEX | 1 | RACE | | DATE OF 1 | BIRTH GAY | YEAR -16 | 6 AGE (IN) LAST BIRTH | DAY) MONT | | IF UNDER | | RONOUN DEAD | CED | MONTH | DAY | YEAR 19 85 | 2d. HOUF |
| ESSARY ERAL D IR YOU HIN 7: | He. BIR | THPLACE (ST | | | b CITIZEN | OF WHA | AT COUN | | Ti Ti | RIED N | EVER MARRI | ED L | BALTIM | | OR COUN | | DEATH | T T T N |
| Mar 2 | | rgini | | 1 | U. | S.Z | | SING HOA | WIDOV | | DIVORC | | | | Ce Co | | Y ND OF BU | MD |
| PAGE STATE | | Ltimor | | | 1617 | | | ttle | | | | FOR M | Cler | KING LIFE | | OF | R INDUSTI | RY |
| 100 | 13a. ST | RESIDENCE OF ATE | [13b. | COUNTY | | | | BEFORE ADMIS | SION) | 13d INSIDE | CITY LIMITS? | 13e. STRE | T ADDRES | ss oli t | ttle | Roa | d 2] | L221 |
| 1 201 | 14. FA | THER'S NAME Floyd | | - 1 | MIDDLE | | | LAST | | | HER'S MAIDE | NNAME | | IDDLE | | | LAST | |
| 22 | | AS DECEASED | EVER IN U | S ARME | J. | 2 | 16h SOC | Comb | | Be 17. INFO | RMANT | | M | ADDRE | | Smi | | 1156 |
| SON SERVICE | | s, no, or unkno No | | | AR OR DATES) | | | /03/ | | Mrs | . Bet | ty F | 'erqu | ison | 7753 | 3 B1 | | hawR |
| M JE CR NG WITH NE, DIVE | | 18 CAUSE OF | DEATH (E | nter anly | ane cause p BY: | - | or (o), (b) | , ond (c).) | | Λ | pres. | | | | | A | PPROXIMATI WEEN ONSE | E INTERVAL T AND DEATH |
| ITEA ITEA ITEA ITEA ITEA GIEN | | | IM/ | MEDIATE | CAUSE (o). | | | SEQUENCE | | 7 /1 | 1-1-4-2 | 1 | | | | | | |
| VITHIN 2 CIL IN II NER ALL ANSIT P AL HYG AOVAL. | | | s, if any, | | (b) | S | USPE | CTED | Lu | 16 | CARC. | Nom | A | | | | | |
| TED V V PENV X AMI AL-TR MENT OR REA | | | stating the | | | O, OR A | S A CON | SEQUENCE | OF | | 7 | | | | Name of | | | |
| NG" NG" NG" A 8U TION, | z | PART 2 DTHER SIG | NIFICANT CDN | DITIONS CO | NTRIBUTING TO | OEATH BU | JT NOT RELA | TEO TO THE TE | MINAL OISEA | SE OR CONDIT | ION GIVEN IN PA | RT 1 (a). | | | | | | |
| HIEF MEE USED AS OF HEALTH | CERTIFICATION | 19a. DATE OF | OPERATIO | N | 19b. C | ONDITI | ON FOR Y | WHICH OPE | RATION | WAS PERFO | DRMED? | | | | | 2D | AUTOPSY | ? |
| S O O & | RTIFIC | | | | | | | | 35 | 450 | | | | | | | YES 🗌 | NO 🗆 |
| HOULD BE ARTMENT C R TO BURIA | AL CEI | 210 EXTERNA UNDERLYING CONTRIBUTION | OR | | HOU | JR A.M. P.M. | MONTH | DAY YE | | IULMI WOI | RY OCCURRE | D (ENTER N | ATURE OF INJ | iury in Item | 18 PART 1 OR P | ART 2) | | |
| GE 3 SH TE DEPA 01 PPIOR | MEDICAL | 21d. INJURY C WHILE AT WORK | NOT WH AT WORK | | | | F INJURY DRY, FARM, E | (AT HOME, | 21f. LC | STREET | 30.1 | | CITY OR TO | WN | C | OUNTY | | STATE |
| CATE, WRITIN FORWARDED OR: PAGE 3 HE STATE DEF 10, 21201 PRIC | × | 22a. I certif | y that I taa | k charge | of the rema | ins desc | ribed obo | ve, held an | Auta | psy , | Inspection | n 🛛 . | Inquiry | | and in my o | pinian | | |
| CERTIFICATE OULD BE FOR DIRECTOR: I, WITH THE S AARYLAND, 2 | | death resulte | d from: | Noturol | couses 🗘 | 9, | Accident | □, 9 | uicide | | nicide | Undete | rmined mo | onner _ |], | | 1 | , |
| ICAL EXAL THE CERT SHOULD ERAL DIRE EATH, WIT RE, MARYL | | ACTUAL SIGNATURE | 0. | Mh. | The | ly | 1 | | / | M.D. | (SPECIFY) | MEDI | CAL EXAM | INER | DATE | | 2/5 | 192 |
| S S S S S S S S S S S S S S S S S S S | | EXAMINER'S (TYPE OR PRIN | NAME J | m. | NIE | 406 | F | mo | | _ADDRESS | 6800 | Mo | RN, NG | TON | RO. BI | 4LTO | , mo. | 22 |
| PAGE PAGE | 23 a. BU | JRIAL, CREMA | | OVAL 23b | DATE | . 0 | 23c. 1 | DO OF C | EMETERY O | | V | 23d. LO | CATION | 4. | 00 | W | | 1/2 |
| AH - 17 | 24. FL | JNERAL DIREC | TOR | L / | 4-1 | - 8. |) / | HKI | | 00 (| 25a DATE | | REGISTRA | R 25b Pf | CISTRE | dent | ** | 100 |
| (5)) | Jo | seph 1 | V. Za | anni | no J | r. | 263 | S. C | onkl | ing St. |] Of | C _J | 6.43 | 08 | | | | 4 |
| | | | | | | | | | | | | | | | | | | |

770116 The second of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. NO |). | | |
|---------------|--|--------------------|-----------------------------------|---|---|---------------------------------------|---------------------------------|---------------------------------------|--------------------|----------------------------------|
| | CEASED NAME | FIRST | ٨ | AIDDLE | LA | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| (1172 | OR PRINT) | oseph | Claren | ce C | CONNE | R | December 30 | , 1985 | | 11:30 a |
| 3. SE | Male | | White | | DATE O | 7. 1922 YEAR | 6. AGE (IN YEARS LAST BIRT | HDAY) IF U | INDER I YEAR | HOURS MIN. |
| | RTHPLACE (STATE OF | | 76. CITIZEN OF | WHAT COUNTRY? 8 | *** * * * * * * * * * * * * * * * * * * | NEVER MARRIED | 9 BALTIMORE CITY O | COUNTY OF | DEATH | |
| N | orth Caro | lina | USA | | WAKKIEL | | Baltimore C | ounty | | MD. |
| | ssville 2 | 10000 | | HOSPITAL, NURSING | | R OTHER INSTITUTION | Poute Sales | | | of BUSINESS OR |
| 13a S | AL RESIDENCE (IF NUI STATE LTYLAND | 136 COUN | other institution TY .imore | GIVE RESIDENCE BEFORE AD 134 CITY OR TOWN Middle Ri | | 134 INSIDE CITY LIMITS? YES NOTE: | 13. SIREET ADDRESS (2227 Vail t | ZIP CODE RO | d. 2] | 1220 |
| 14 FA | Roy C | onner | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | Flynn MIDDLE | | LAS | ī |
| 16a V | VAS DECEASED EVE | | MED FORCES? | 16b. SOCIAL SECURIT | TY NO. | 17 INFORMANT | ADDRE | SS | | |
| | es no or unknown) | | WAR OR DATES | 244 16 089 | | Joyce Conner, | Wife Sa | me . | | |
| | 18 CAUSE OF DEA PART I. DEATH | WAS CAUSED | | line for (a), (b), and (c) Cardiopulm | | v arrest | | | APPROXI BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | Conditions, if on gove rise to in couse (0), statunderlying cous | mediate ing the | | Right Hemo | 7 | gic pardetal | infarct | | | |
| NO | PART 2 OTHER SIC | BNIFICANTO | | DNTRIBUTING TO DE | ATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONE | OITION GIVEN | IN PART 1 | D 1 |
| CERTIFICATION | 19a DATE OF OPER | ATION | 196 CONDI | TION FOR WHICH OF | PERATION | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, W IN CERTIFYIN YES | | |
| CAL CER | 210. ACCIDENT WAS US OR CONTRIBUTING (IF EITHER NOTIFY MED | CAUSE OF DEA | III | M. MONTH DAY | YEAR 19 | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | OR PART 2) | |
| MEDICAL | WHILE NOT V | VHILE [] | 21e PLACE C | OF INJURY EET FACTORY, OFFICE FARA | M ETC) | 231 LOCATION STREET | CITY OR TO | VN | COUNTY | STATE |
| | 22a 1 certify that (saw the decep obove, (X (we) | | al) oftended the | | | d that in (m X (our) opinion o | | | id from the | |
| | 226. SIGNATURE | loar | 1 | | | ATTENDING PHYSICIAN | MEDICAL STAF DIRECTOR PHYSIC | | 30 D | SIGNED 2EC, 1985 |
| | 22d. PHYSICIAN'S N | SLOP! | | | | 9000 Frank | lin Square | Dr. | 2123 | 37 |

OR ATTENDING PHYSICIAN:

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If It

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation, marked or Item 18 shar

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23d LOCATION
Holly Hill Memorial Gardens Baltimore Co., Md. STATE

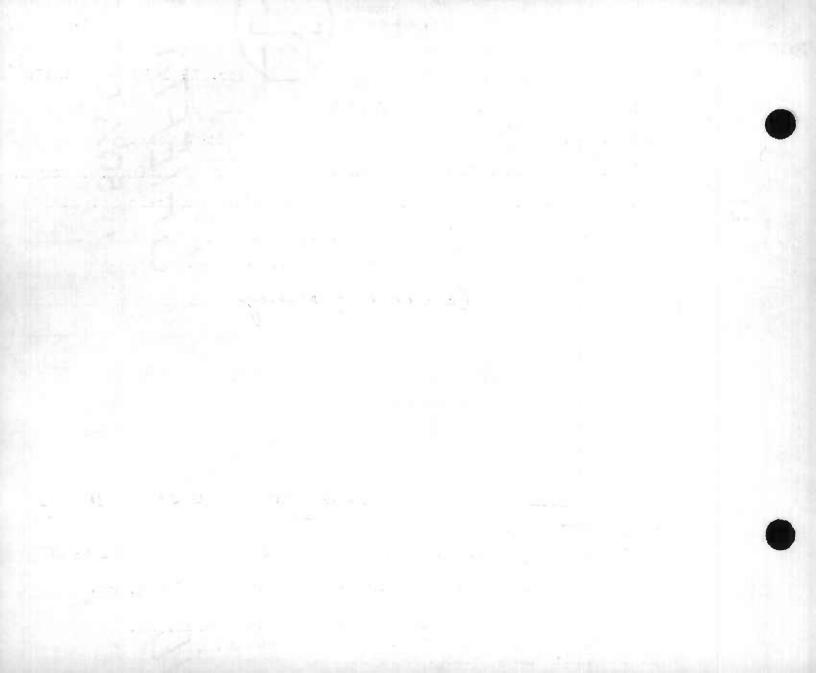
1407 Old Eastern Ave 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE COL

air obits out out of the Toward to the control of the control Anglana lalitace Ainale aiver a 2222 Valimbora et. 21220 magin of the cauno0 yel-

The second secon

9705 Belair Road, Balto, Md. 21236

STATE OF MARYLAND



n and campletely filled in by the funeral director, page 3 Pages 1 and 2 should be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF REATH

| RE | C | N | 0 |
|----|---|---|---|

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

| | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | 10 | | |
|-------------------------------------|---|---|--------------------------------------|--------------------|---|--|----------------|---------------------------------------|------------------|
| | | IRSI I | MIDDLE | 1 | AST . | 20 DATE OF DEATH | | DAY YEAR | 26 HOUR |
| (TYPE | ORPRINT) | Eula | Co | oley | | | 19-9 | 7-85 | 9:15am |
| 3. SEX | 13 1-17-17 | 4 RACE | | 5 DATE C | | & AGE (IN YEARS LAST BE | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| 1 | Female | Whi | te | Ja | in. 1 1906 | 79 | YRS | MONTHS DAYS | HOURS MIN. |
| | THPLACE (STATE OR FORE | IGN 76 CITIZEN OF | WHAT COUNTRY? | 8 | - C MENCE WARRIED C | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| Charleston, W. Va. U. S. A. WIDOWED | | | | | D NEVER MARRIED DIVORCED | | | | MD |
| 10 CIT | Y OR TOWN OF DEATH | | | | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | ION | 12b. KIND C | OF BUSINESS OR |
| Towson St Joseph Hosp | | | eph Hospi | | | (TYPHOF WORK FOR MOST OF WORKING LIFE) INC | | | emaker |
| 13a S | | HOME OR OTHER INSTITUTION COUNTY | Joppa, | N. | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS 210 Durye | á čt. | DE 21085 | 5 |
| H FA | THER'S NAME | MIDDLE | 1 457 | | 15. MOTHER'S MAIDEN NA | | 200 | | |
| /Ja | mes | Monroe | Cantre | 11 | Rebecca | Jayne | | Ratlii | îf |
| | AS DECEASED EVER IN | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | ESS /L | 20 Rodge | ers Ct. |
| | 10 | FYES GIVE WAR OR DATES) | 215-22-2 | 2772 | Mr. David Co | ooley, Bal | to. M | d. 21212 | 2 |
| | 18 CAUSE OF DEATH IS PART I. DEATH WAS | Enter only one couse per CAUSED BY MEDIATE CAUSE (a) | line for (a), (b), and | BRA | LINFARCTI | ION | | BETWEEN | ONSET AND DEATH |
| | Conditions, if ony, w gove rise to immed cause (a), stating underlying cause | hich (b) | r as a conseque | | | | | | |
| NO | PART 2 OTHER SIGNIFICANCE | _ | DITRIBUTING TO D | | NOT RELATED TO THE TERM | ETASTAS | -00 | IVEN IN PART 1 | 0 |
| CERTIFICATION | 19a DATE OF OPERATIO | | | | N WAS PERFORMED | 20a AUTOPSY? YES X NO | 20b. IF YI | ES, WERE FINDI | |
| | 210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU | SE OF DEATH HOUR A. | M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF IN) | JRY IN ITEM 18 | PART 1 OR PART 2) | |
| MEDICAL | 21d INJURY OCCURRED WHILE AT WORK AT WORK | (AT HOME STE | OF INJURY REET FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | CITY OR T | OWN | COUNTY | STATE |
| | 22a. I certify that (X(th saw the deceased c abave, (X)we) (did) | is hospital) attended the alive on 12-2 (dixet) view the body | e deceased from | 85 ¹² - | 11 19 85 and that in (Xy) (our) opinian | ta 12-27 death accurred an the c | date and ho | ., 19 <u>85</u> , ivi and fram the | that (IXwe) last |
| | 22b. SIGNATURE | 1110 | -> - | | DEGREE | | | | SIGNED |
| | 12 | 1 | 3.mg | >- | | MEDICAL STA | | 122 | 27-85 |
| | RETUAL) | | A-GONE | | 22e ADDRESS 7620 YOL | rk Road Tow | son M | d 21204 | |
| | JRIAL, CREMATION, REA | | | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | |
| (5 | Burial | 12-30- | 1.985 Be | lair | Memorial Gar. | Belair | Har | ford 1 | Md. STATE |

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

ATTENDING PHYSICIAN: The

TO HOSPITAL OR

BP.

etoined by the hospital or attending physician

IMPORTANT: If Item 21 is marked or Item 18 shows any

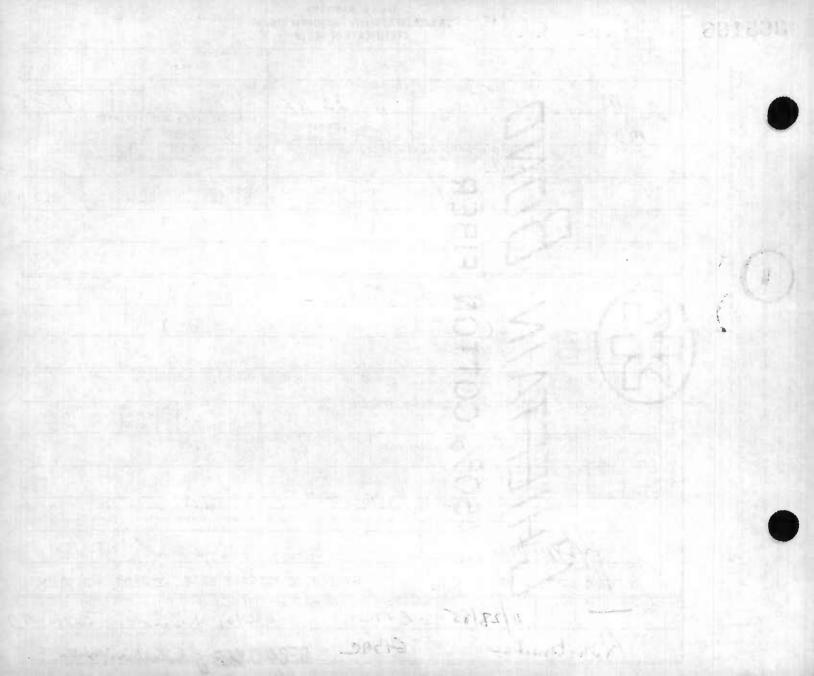
24 FUNERAL DIRECTOR

E. F. Lassahn, 11750Bela irRd. Kingsville, Md. 21930

injury, or oth

(VRA 15, 4)

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO KNOWN A DECEASED NAME YEAR (TYPE OR PRINT) OF ESTI-HOURS STREET, RAYMOND 3 SEX 4. RACE IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 9:43P 12-7-85 DEAD Male 29 Cau. 56 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Md. WIDOWED DIVORCED Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Balto. Chauffer-Loomis Armor Car of Ruxton Rd 136 COUNTY 13a. STATE T3d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. YES NO . 5507 Whitwood Rd. 21206 BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE FIRST William M. Seiler Cowan Ruby 16b. SOCIAL SECURITY NO ADDRESS 217-24-9957 Dorothea U. Cowan 5507 Whitwood IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke inhalation IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V 21g EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XOR driver of a truck/auto collision which caugh CONTRIBUTING CAUSE OF DEATH 211 HOT KIEDN 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, FTC.1 WHILE AT WORK I-83 S. of Ruxton Rd. Balto. Co., Maryland ATE hawy. Autopsy X 22a I certify that I took charge of the remains described above, held an Inspection Inquiry ond in my opinion Accident X death resulted from: Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL DATE 12-8-85 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street Gregory R. Kauffman, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md. 12-10-85 Burial Cedar Hill Cem. Glen Burnie 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** DEC (VR A15 ME (5)) John C. Miller Inc. 6415 Belair Rd

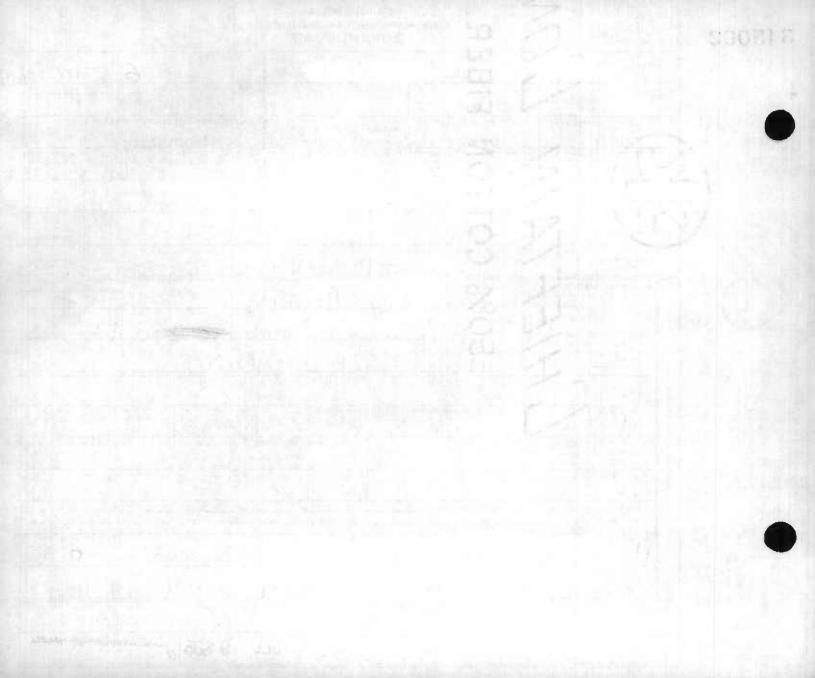
MARKET AND DESCRIPTION OF THE PARTY OF THE P

(VRA 15, 4)

STATE OF MARYLAND

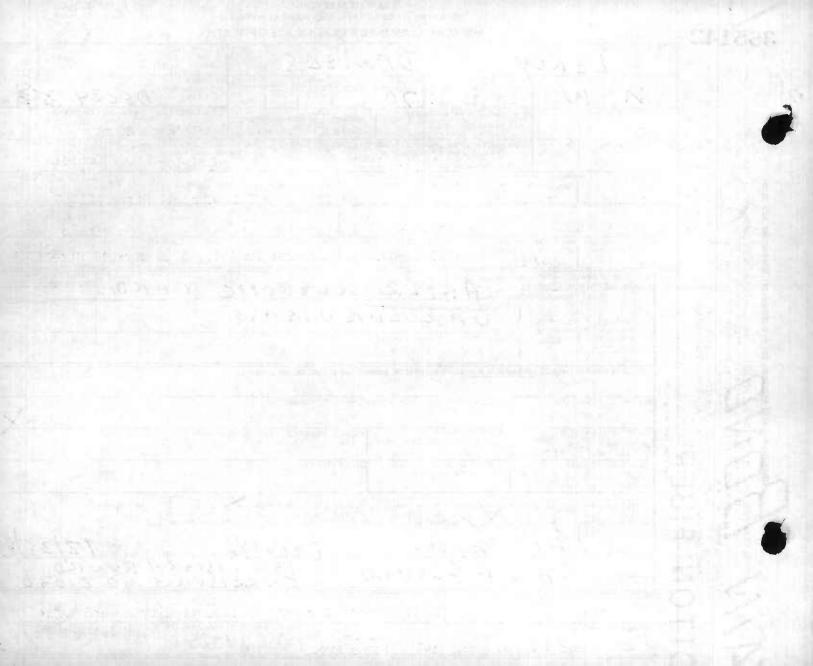
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 5062 | 1. | FOR STATE REGISTRAR | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | | | |
|--|-------|--|--------------------------------|---|--------------|--|--------------------------------------|---|------------------------|-------------------|----------------------------------|--|--|
| | | CEASED NAME FIRST | | MIDDLE | LA | ST. | | 20. DATE OF DEATH | | DAY YEAR | 2b. HOUR | | |
| page 3 | (TYP) | EVA | 1 | L. | | CROCKEN | J | | 12 | 5 85 | 00204 | | |
| your de | 3. SE | x | 4. RACE | | 5. DATE OF | | | S. AGE (IN YEARS LAST BE | RTHDAY | IF UNDER 1 YEAR | IF UNDER 24 HRS | | |
| tor. | 1 | FEMALE | No. of the last | WHITE | HINOM | DAY | YEAR | 0.4 | | MONTHS DAYS | HOURS MIN, | | |
| Page | 7n B | RTHPLACE (STATE OR FOREIGN | Zh CITIZEN OL | WHAT COUNTRY | 8 | - 8 | 01 | 84 BALTIMORE CITY O | OR COUNTY | OF DEATH | | | |
| oth. | 1 | COUNTRY | | | MARRIED | NEVER MAI | RRIED 🔟 | | | | MD | | |
| deo deo | | Maryland ITY OR TOWN OF DEATH | | S.A. | WIDOWED | | RCED X | Baltimo | | | | | |
| of the | 1 | | (IF NOT IN SE | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | | | | (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHUTCH | | | | | |
| h di | | andallstown | | Baltimore County Gene | | | neral Hospitall Nurses Aid Home & Ho | | | | | | |
| The state of the | 130 | STATE 13b C | altimore | 13c. CITY OR TOV | VN I | 13d. INSIDE CITY YES \(\text{N} \) | LIMITS? | 3 STREET ADDRESS 218 Sudbro | | | .08 | | |
| 1 1000 | | THER'S NAME | | | | 15 MOTHER'S M | | £ | | | | | |
| 4 13/190 | 1 | Edward | MIDDLE | Cole | | Rut | | MIDDLE | | LASI | Gever | | |
| | 16a \ | VAS DECEASED EVER IN U.S | S. ARMED FORCES? | 16b SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADDR | ESS | | GEYEL | | |
| Poge | (| YES, NO OR UNKNOWN) (IF YE | ES GIVE WAR OR DATES) | 213-34 | -2475 | Nelson | J. Cro | ocken, Jr. | 108 5 | Spruce S | t. 21122 | | |
| | | 18 CAUSE OF DEATH (Ent | er only one cause pe | er line far (a), (b), ai | nd (c).) | ^ | و سو | | | BETWEEN | MATE INTERVAL DNSET AND DEATH | | |
| the facility | | PART I. DEATH WAS CA | AUSED BY: :DIATE CAUSE (a)_ | Casal. | coc, | NBO | 1800 | P | | | | | |
| 3 1961 | | 1/4/4/10 | | OR AS A CONSEQU | ENICEOE | | | | | | | | |
| 1111 | | Conditions, if ony, which | | ALLO | Oles | LALDIA | and | 1 - | 380 | HIF | | | |
| the state of the s | | gove rise to immediat | e | OR AS A CONSEQU | IENICE OF | | | | - | | | | |
| 0 60 m | | underlying cause las | | 11000 | a C | 1. | 10/00 | Dieso | - | | | | |
| tes to be de la constante de l | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 11a | | | | | | | | | | | |
| P S S S | NO. | | | | | | | | | | | | |
| 1 4144 / | 75 | 190 DATE OF OPERATION | 19b. CONI | DITION FOR WHICH | OPERATION | WAS PERFORM | MED | 20a AUTOPSY? | 20b. IF YE IN CERTI | S, WERE FINDIN | OF DEATH? | | |
| 20 20 1 | 1 € | 11/19/85 | - 6. | 1. Blee | Lui | 0. | | YES NO | | ES 🗌 | № □ | | |
| A deligated | 3 | 21a. ACCIDENT WAS UNDERLYIN | 4 | OF INJURY | AV YEAR | 21c JOW INJU | RY OCCURRE | D (ENTER NATURE OF IN) | JRY IN ITEM 18 | PART I OR PART 2) | | | |
| 7 4 1 7 1 9 | 1 3 | OR CONTRIBUTING CAUSE O | DI DEATH | P.M. | 19 | | | | | | | | |
| A Maria | MEDIC | 21d. INJURY OCCURRED | | OF INJURY | 1111 | 211. LOCATION | | CITY OF TO | OWN | COUNTY | STATE | | |
| of the state of th | 2 | WHILE NOT WHILE |] (AT HOME S | TREET, FACTORY, OFFICE, | FARM, ETC. J | JINCEY | | | | | | | |
| de d | | 22a.1 certify that (1) (this h | haspital) attended t | he deceased fram. | | | 19 | _, to | | 19 | that (1) (we) last | | |
| E 8 0 0 5 12 | | saw the deceosed aliv above, (I) (we) (did) (di | re on | v ditu death | , and | I that in (my) (or | ur) opinian de | eath accurred on the c | ate and hou | or and fram the | causes stated | | |
| Hos h | | 22b. SIGNATURE | | // | D | EGREE | | | | 22c. DATE | SIGNED | | |
| 4 4 4 5 5 C | | HOWER ? | de | 2700000 | 1) | ATT: | ENDING YSICIAN | MEDICAL STA | FF CIAN IN | 12/1 | 6 85 | | |
| E- 91637 | 7 | 778 PHYSICIAN'S NAME (| THE OR PRINTS | Commen | 1 | 22e ADDRESS | | | 7 | | | | |
| D FUE out the | | HAFEEZ | F | SYED | | BALTI | MORE | COUNT | 4 6 | IN A | 103P | | |
| No corsi | | BURIAL, CREMATION, REMO | VAL 23b DATE | 23c. | NAME OF CE | METERY OR CRE | EMATORY | 23d. LOCATION | | | (1.16 | | |
| BP | | Burial | 12/9, | /85 L | ake Vi | ew Mem. | | Sykesvi | | Carroll | | | |
| DHMH - 16 60M 7-84 | 24 F | UNERAL DIRECTOR | | ADDRESS | 21 | 229 | 25a. DATE | REC'D. BY REGISTRAF | 25b. REGIS | TARGE PART | ypendelle | | |
| (VDA 15 4) | | NAME | 7 77 | T 4107 | Tali Ilea | na Arro | UL | 0 A 1200 | 10 | | | | |



| | 1 | 500 | | | DED A DEA | | OF MAI | | | VCIENTE | | 3 | 3 | 6 2 | |
|--|---------------|---|---|--|-----------------------------|--|-------------------|------------------|----------------------|---------------------|----------------------------------|----------------|--------------|-------------------------------|-----|
| 005442 | 1- | FOR STATE REGISTRAR | | | | MENT OF HE | | | | | 05 | | | 1024 | |
| 365142 | | CEASED NAME DE OR PRINTI | ERE | | WIDDLE | DAX | 11 E | 4 | | 20 D | ATE KNOW OF ESTI- ATH MATE | | TH DAY | YEAR 25. HO | U |
| ARY, PLEASE DIRECTOR. COUR FILES. A 72 HOURS | 3. SE | M | RACE | S. DATE OF BIRTH | YEAR 16 | 6. AGE (IN YEARS LAST BIRTHDAY) 69 - RS. | IF UNDER | | F UNDER 2 | 24 HRS. 2c. | DATE HOUNCED DEAD | D& | | YEAR 2d HC | ΣŪ |
| NECESSARY. FUNERAL DIRE 5 FOR YOUR WITHIN 72 HESTON 9 | F | IRTHPLACE (STA DREIGN COUNTRY) Laryland | TE OR | 76. CITIZEN OF WE | | TRY? 8. | MARRIED IDOWED | | ER MARRIE DIVORCE | DL | altimorec | _ | unty of DE | ATH | ~ |
| PAGE 5 PAGE 5 EFILED. | | ITY OR TOWN O | | | eph's | Hospit | | INSTITUTI | ION | 12a USUAL O | | TYPE OF WO | or 112b KIND | OF BUSINESS NDUSTRY els | |
| AND PETAIN | 130. 5 | AL RESIDENCE (I TATE aryland | 136 COUN | or other institution, gr TY timore | | BEFORE ADMISSION | | INSIDE CITY | | 13e. STREET A | | Stre | | Parts 07 | |
| ME. MD | V v | ather's NAME first fillard | | WIDDLE | Dan | iels | | Bert: | ie | NAME | MIDDLE | | Shan | | |
| ALTIMO SATER SIVE PACE TH FORM PACES F | | WAS DECEASED (ES, NO, OR UNKNOW (ES | | MED FORCES? WAR OR DATES! | | 12-0038 | O. 17. | INFORM/ larga | ret D | aniels | , 5929 | RESS Carr | oll St | reet 2120 | 7 |
| ZA HOURE TEM 18. LICNG WI PERMIT I PERMIT I GIENE, DI | | 18 CAUSE OF PART I DEA | DEATH (Enter on TH WAS CAUSEI IMMEDIA | TE CAUSE (a) | RT | ER10 | | | | | CK | RO | | OXMATE INTERVA | ATI |
| TED WITHIN N PERST NAMES AL TRANSI MENTAL HY MENTAL HY NENTAL HY NAMES AN OR PERMENT NO OR PERMENT NO OR PERMENT NAMES NAMED NAMES NAMED N | | gove rise | , if ony, which to immediate tating the <u>under-</u> elast. |) (b) | ASC | SEQUENCE OF | r r | 265 | EA! | 5 2 | | | | | |
| BE EXECUTED IN THE PROPERTY OF | N N | PART 2 DTHER SIGN | NIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELA | TED TO THE TERMINA | DISEASE DR | CONDITION | GIVEN IN PAR | T 1 :ql: | | | | | - |
| SHOULD SH | CERTIFICATION | 19a. DATE OF C | PERATION | 19b. CONDI | ION FOR V | WHICH OPERAT | ON WAS I | PERFORM | NED? | | | | | TOPSY? | - X |
| ON OF VIEW OF TO THE WOULD BY ARTIMEN | MEDICAL CER | | OR G CAUSE OF I | DEATH P.M | . MONTH | DAY YEAR | | | OCCURRED |) (ENTER NATURE | OF INJURY IN IT | EM IB PART I O | R PART 2] | | |
| DIVIS THIS CER WRITIN WARDED PAGE 15 TATE DEP | MED | WHILE AT WORK | NOT WHILE C | ?1e PLACE (| OF INJURY IORY, FARM, ET | | STREE | | | CITY | OR TOWN | | COUNTY | STA | TE |
| MANNER THECATE, BE FORUS PETTONS PETTO | | 22a. I certify death resulted | 1 | e of the remain des | Accident | ve, held an | Autopsy | Momicio | Inspection de | Undetermin | quiry , | and in my | y opinion | | |
| CAL EXA SHOULD SHOULD SATH, WIR SATH, WIR | 4 | ACTUAL SIGNATURA |) Am | 1- am | en | _ | M.D | DE SPI | PVI | MEDICAL | EXAMINER | DA SIC | TE 17 | 125/ | 8 |
| TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I A AFFEE DEATH, BATTIMORE, M | 73a F | EXAMINER'S N (TYPE OR PRIN | ON, REMOVAL 2 | | | ERIA | ADL | DRESS_C | | LEYS 123d LOCATI | VILL | EM | 120 | 030 | |
| ВР | (| Bur. | ial | JAIL . | | od Shep | | emet | ery | Ellic | ott Ci | | | Md. | |
| DHMH - 17 (VR A15 ME (5)) | | UNERAL DIRECT | | Home, Inc | . 410 | 21: 7 Wilke: | 229 ns Av | e. 125 | DEC | 2 7 19 | 85 J | HEGISTRAM | JAIGNA A | Hotell. | |

20M 4/B2



| 47 | 1 - | FOR STATE REGISTRAR | DEP | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE REG. N | 0 | |
|---|-----------------------|--|---|---|--|----------------------------------|--|---|
| | | CEASED NAME OR PRINT) HEN X Male | RY G. | DARY S. DATE O MONTH | | | MONTH DAY YEAR 12 1983 THDAY) FUNDER LYEAR MONTHS DAYS | 2b. HOUR G IF UNDER 24 H HOURS A |
| 25 | Ba | RTHPLACE (STATE OR FOREIGN COUNTRY) 110 Md. TY OR TOWN OF DEATH | 76. CITIZEN OF WHAT COUN U. S. A. | MARRIEI WIDOWE URSING HOME O | D NEVER MARRIED DO DIVORCED | BAHIMU 120. USUAL OCCUPATI | | fy DFBUSINESS |
| 1000 | OsU. | AL RESIDENCE IN NURSING HOME OF TATE ARUNANO HAY | POTON SUCH FACILITY, ONE PROTHER INSTITUTION, OFF RESIDENCE INTY TO DA | RKWAY BEFORE ADMISSION | NURSING HOME | Ret. Heat | Controller ZIP CODE ZIP CODE ZIP CODE ZIP CODE COD COD | G.M. |
| 120 | 0 | oncrad | Darmste Darmste | adt | 15. MOTHER'S MAIDEN NA. FIRST Anna | MIDDLE | Boehner | |
| & medico | / [| VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (1F YES, GI | RMED FORCES? 166. SOCIAL NE WAR OR DATES) 213-10 | SECURITY NO. 04853 | Mrs. Marceli | | ss Pleasantv Lpp, Fallston | |
| y, or all | Z | underlying cause last. | (c)CONDITIONS CONTRIBUTION | G TO DEATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR CON | DITION GIVEN IN PART 11 | 0 |
| A G | CATIO | 190 DATE OF OPERATION | 196. CONDITION FOR W | HICH OPERATION | | 20a AUTOPSY? | 206. IF YES, WERE FINDING CAUSES | |
| in in short only inter | CAL CERTIFICATION | | 21b. TIME OF INJURY HOUR A.M. MONTH | | N WAS PERFORMED | YES NO | IN CERTIFYING CAUSES | |
| triked or them 18 shows only injur | MEDICAL CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING () CAUSE OF DE | 21b. TIME OF INJURY HOUR A.M. MONTH | H DAY YEAR | N WAS PERFORMED | YES NO | IN CERTIFYING CAUSES YES TO THE TRANSPORT OF PART? | OF DEATH? |
| PORTANT If hem 21 is marked or hem 18 shows any injur | CERT | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE 216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 272. I certify that (I) (this has saw the deceased alive a | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C pitol) attended the deceased in not) view the body after death. CR PRINT] | H DAY YEAR 19 DEFICE, FARM, ETC.) From | 211. HOW INJURY OCCURI 211. LOCATION STREET 19 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS | YES NO RED (ENTER NATURE OF INJU | IN CERTIFYING CAUSES YES RY IN ITEM 18 PART 1 OR PART? WWN COUNTY ate and hour and from the | SOF DEATH: |

STATE OF MARYLAND



- STATE REGISTRAR I. DECEASED NAME

TYPE OR PRINT

3. SEX

STATE OF MARYLAND DEPART

| N | CERTIFICATE OF DEATH | REG. NO. | | | | |
|---|----------------------|---------------------------------|----------|--------|----------|--------|
| | LAST | 20. DATE OF DEATH MONTH | DAY | YEAR | 2b. HOL | JR O |
| | DASH | 12 | 11 | 85 | 11 | A |
| ī | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| | MONTH DAY YEAR | 64 YRS | MONTHS | DAYS | HOURS | MIN |
| 8 | 8 300 | 9 BALTIMORE CITY OR COUN | TY OF DE | ATH | | |

| -6 mg | CAUCASION | 0 | 7 01 |
|------------------------------|-----------------------------|------------|--------------|
| BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 2 | |
| COUNTRY) | 770 4 | MARRIED XX | EVER MARRIED |
| Texas | USA | WIDOWED | DIVORCED |

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker

MIDDLE

126. KIND OF BUSINESS OR INDUSTRY home

unk.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

13a. STATE 136. COUNTY Pr George's Maryland

(IF YES, GIVE WAR OR DATES)

RBARA

Bowie

13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

STREET ADDRESS / ZIP CODE Lane

4. FATHER'S NAME Sherman

IN CITY OR TOWN OF DEATH

Crissey 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO.

Inez 17. INFORMANT Abraham A. Dash

12909 Brunswick Lane Bowie, MD 20715

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ics.
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which

DUE TO, OR ASIA CONSEQUENCE OF xtendive mo

gave rise to immediate cause (a), stating the underlying cause

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE O

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

NOIX

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21d. INJURY OCCURRED

WHILE NOT WHILE

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OR TOWN COUNTY STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22a. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an abave, (1) (we) (did) (did nat) view the bady after death

> ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

22c. DATE SIGNED

Stella Maris Hospice

2300 Dulaney Valley Rd. - Towson, MD 21204

Cremation

231 NAME OF CEMETERY OR CREMATORY

1985 Metropolitan Crematory Alexandria, Fairfax, Virginia

Beall Funeral Home

22b. SIGNATURE

DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 16000 Annapolis Road

DHMH - 16 60M 7/B4 (VRA 15, 4)

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| lone adder | | | |
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| .lm | senī | yeasim) . | nourode |
| 12:00 Lrundy Lat. Jan - h Fowld, 12 20, 15 | modern | 0652-33-254 | - 07 |
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reston (#0 1), lydy Netrocolitan Orematory Alemantin, Estrian, Virginia - K. 16000 Anahyolis Road - Strian Lore - Boris, M. 10715-3043

Manual Landau Manua

and pose 3

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | | F | 38 | (| 3 | 1 | 1 |
|--|--|--|---|----|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |

| J | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|---|--|--|----------------------------------|--|---|
| 1 | 1. DECEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | JEANN | E H. | DAVIS | DECEMBER 15, | 1985 1:00Am |
| 1 | 3. SEX | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| d | FEMALE | WHITE | AUG. 20, 1899 | 86 YRS | |
| J | 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNT | Y OF DEATH |
| | MARYLAND | U.S.A. | WIDOWED DIVORCED | BALTIMORE CO | |
| ١ | 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A | DDRESS) | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI | |
| | PIKESVILLE | PIKESVILLE NU | | DEALER | ANTIQUE |
| | USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b COUN BAT | TIMORE 2123 | 1 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP COD | |
| ř | 14 FATHER'S NAME | | 15 MOTHER'S MAIDEN NAM | WE | |
| | MICHAEL | G. HUGHES | CATHER | INE | BOGY |
| / | 160 WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECUR | RITY NO. 17 INFORMANT | ADDRESS | |
| | (YES, NO OR UNKNOWN) (IF YES, GIV | 213-01-9 | 9869 OTIS L. DAY | VIS 2-C PEABOI | |
| 4 | 18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE | | W 6 | 2/5-5 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ١ | IMMEDIA. | TE CAUSE (0) Ovon | iany consul | - comy | |
| 1 | Canditions, if any, which | DUE TO, OR AS A GONSEQUE | NCE OF CO | | |
| ı | gave rise to immediate cause (a), stating the | 101 | y FFGGG | | |
| ı | underlying cause last | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| 1 | | CONDITIONS CONTRIBUTING TO D | EATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GI | VEN IN PART 11a |
| d | OIT | | | | |
| 1 | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH (| OPERATION WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? |
| | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 71/2 HOW IN JURY OCCUPE | YES NO YI | ES NO |
| 1 | | HOUR A.M. MONTH DA | Y YEAR | A STATEM ANNIANCE ON NATIONAL NATIONAL | 1 |
| | OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED | 21e PLACE OF INJURY | 21f. LOCATION | | |
| | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE, FA | STREET | CITY OR TOWN | COUNTY STATE |
| | | ital) ottended the deceased from | 11-27 1985 | 10 12-15 | 19 that (We) last |
| | the three eceased alive of | 12 - 6 t view the bady ofter death. | and that in my (our) apinian o | death accurred on the date and had | ur and fram the causes stated |
| | Th SIGNATURE | Non | DEGREE | | 22c. DATE SIGNED |
| | Mario | 416681V | | MEDICAL STAFF DIRECTOR PHYSICIAN | 12-16-85 |
| | 22d. PHYSICIAN'S NAME (TYPE O | | 27e ADDRESS | | - 10 - 01 |
| 4 | | BOB, M.D. | | HEIGHTS AVE. | 358-3840 |
| | 230 BURIAL, CREMATION, REMOVAL CREMATION | DEG 35 100 00 | AME OF CEMETERY OR CREMATORY | PRY BALTIMORI | COUNTY A DACT A STATE |
| | 24 FUNERAL DIRECTOR | DEC.17, '85 GF | REEN MOUNT CEME | E REC. D. BY REGISTRAR 25P. REGIS | |
| | NAME | INSON8521 LOCH | | -6.171095 | weirdoon-Randelle |
| | MATATINI II. OOL | MOONO SET TOCK | RAVEN BLVD 1 | - 1 1000 | |

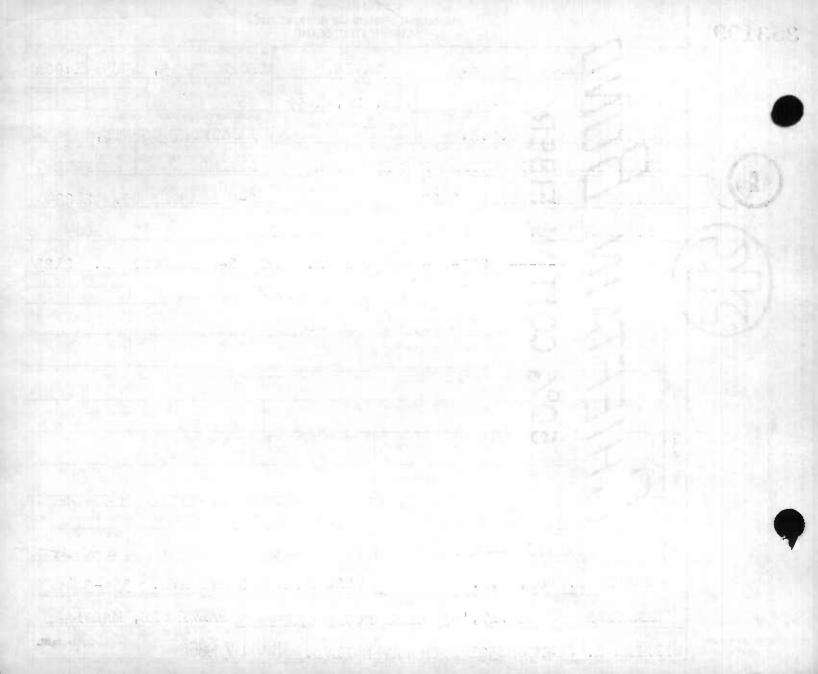
DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been all should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene print to

marked or Item 18 shows on

IMPORTANT: If Item 21 is



| 3 | 44089 | 1- | FOR STATE REGISTRAR | | DEPA | RTMENT OF H | OF MARYLAND EALTH AND MENTA ICATE OF DEATH | | REG. NO | ۍ ر ه. | 3 | 3 3 |
|----------|--|---------------|---|---|---|------------------|--|-----------|------------------------------|-----------------------------------|-------------------------|--------------------|
| G | #11000 | | EASED NAME FIRST | | MIDDLE | 1. | AST | 20 | DATE OF DEATH | | Y YEAR 2 | b. HOUR |
| / | o e o d | (TYPE | OR PRINTS . LILLIA | N | В. | Quille N | DAVIS | | 12 | - 50- | -85 | 1 15/0 |
| 10/ | pog pr de | 3. SEX | | 4. RACE | 1 | S. DATE C | F BIRTH | 6 | AGE (IN YEARS LAST BIRT | HDAY) IF | UNDER I YEAR | FUNDER 24 HBS. |
| × | s offe | 1 | Female | Wh | ite | Apri | 1 22, 189 | 6 | 89 | YRS. | INTHS DAYS | HOURS MIN. |
| | Pag dire | 7a Bil | THPLACE ASIATE OR FOREIGN | Ph. CITIZEN O | F WHAT COUNT | RY? 8. 3 | | 9 | BALTIMORE CITY OF | | OF DEATH | |
| | nerol nerol | | MD. | 1/ | JSA , | WIDOWE | DIVORCE | | Baltimor | e Cou | inty | MD. |
| 1-3 | the fu | | YOR TOWN OF DEATH TOWSON | AND NOT INS | F HOSPITAL, NUI LUCH FACILITY, GIVE ST CKEPSGIL | RSING HOME C | R OTHER INSTITUTIO | N 12 | usual occupation of Dept. of | ON EWORKING LIFE) Educat | 124 KIND OF INDUSTRY | Business or Balto. |
| 1201 | The state of the s | USUA | I RESIDENCE (IF NURSING HOME O | ROTHER INSTITUTIO | ON, GIVE RESIDENCE BI | EFORE ADMISSION) | | | 1 | 1 | / (| ity. |
| VD 2 | illed huld b | 13a. S | MD HILLOU | NTY | Balt | | YES NO E | NITS? 13 | 1313 Wine | démen | e Rd. | 21218 |
| 3 | F - 2 | 14. FA | THER'S NAME | | 1,5 | | 15. MOTHER'S MAIDE | | | - | | |
| AAR | d will | 1 | William | WIDDLE | Burrou | ighs , | F | rance | MIDDLE | Cr | ombie | |
| RE, A | Col Col | | AS DECEASED EVER IN U.S. AF | | 166 SOCIÁLS | - A - W | 17 INFORMANT | | ADDRE | SS | | |
| ₩ W | Pogo. | [Y | ES NO OR UNKNOWN) (IF YES, GI | VE WAR OR DATES) | £14 40 | 6406 | J. Lyle | Beau | ichamp, | Tows | on, MI |) |
| T., BALT | physicia npopers movol. | | 18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI | nly one couse p ED BY: (TE CAUSE (a)_ | er line for (o), (b | ond ici Ca | | | | | | ATE INTERVAL |
| STONS | eoth cer frending ve corbo ion, or re iumotic e | | Conditions, if ony, which | | OR AS A CONSE | OUENCE OF | Arteriose | lerosi | 1 | | 100 | rean |
| W. PRE | by the o ase remo i, cremati ather tra | | gave rise to immediate cause (a), stating the underlying cause last | DUE TO, | OR AS A CONSE | OUENCE OF | Arteriosal Gotto | with. | nhi | | 15 | p1 |
| RDS, 201 | equires the signed Then ples to buria | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS | CONTRIBUTING | | | | | DITION GIVE | N IN PART 110 | |
| IL RECO | on. has been prior ene prior | CERTIFICATION | 190 DATE OF OPERATION | 196 CON | IDITION FOR WH | IICH OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? | 20b. IF YES, IN CERTIFY YES | WERE FINDING | S USED OF DEATH? |
| OF VITA | CIAN: To physics of physics of tronsing the physics of the physics | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR HOUR | A.M. MONTH | DAY YEAR | 21c. HOW INJURY O | OCCURRED | (ENTER NATURE OF INJUR | TY IN ITEM 18 PAR | RT 1 OR PART 2) | |
| DIVISION | G PHYS | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLAC | E OF INJURY STREET FACTORY, OFF | FICE FERM ES | A LOCATION STREET | | CITY OR TO | WN | COUNTY | STATE |
| ۵ | TENDIN into or or or use os or use os or use os | | 22a I certify that (I) (this hose sow the deceased alive or above, (I) (we) (did i) (did no | - | 1 | - | d that in (my) (aux) of | | to | 5 , 19 | ond from the co | ot (f) (we) lost |
| | OR AT he hosp DIRECT oched to Dept. o | | obove, (I) (me) (did) (did ni 22b. SIGNATURE | ot view the box | Man | lou | DEGREE | DING . / | MEDICAL STAP | F | 220 DATE S | |
| 44. | ERAL ERAL State | | 224 PHYSICIAN'S NAME CAPPE | KA | MANLEY, M. | D. | PHYSIC 22e ADDRESS | IAN D | DIRECTOR PHYSIC | IAN | 5.0 | . 31 |
| | HOSI ined ined by the ORT, | | 224. PHYSICIAN'S NAMESUF | | F AND T AN | | | ot Sn | oring Rd. | . 210 | 93 | |
| | 0 g 0 g 3 3 | 23a. B | LIRIAL CREMATION REMOVAL | | | | EMETERY OR CREMAT | | 23d LOCATION | , | | |
| | BP | 1 | Burial | | 6/85 | Baltir | | | Baltime | ore. | COUNTY | MD STATE |
| | | 24 FL | INERAL DIRECTO HENRY | W. Je | enkins 8 | Soas | | 50 DATE R | EC'D. BY REGISTRAR | 25b. REGISTR | | |
| | DHMH - 16 50M 4/B2 (VRA 15, 4) | 49 | 905 York Roa | d Bal | to . AN | D 2 | 1212 | DEC | 6 1985 | (1 | THE THE PARTY OF THE | |

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| | | STATE OF MA |
|-----|-----------|----------------------|
| 1 | FOR | DEPARTMENT OF HEALTH |
| 1 - | REGISTRAR | CERTIFICATE |

STATE OF MARYLAND
EPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

| | CEASED NAME | FIRST | · · | MIDDLE | 1 | AŞT | | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HO | UR |
|---------------|--|---------------|-------------------|-------------------------------|-----------------|----------------------|--------------|--------------------------|----------------|----------------|--------------|------------------|
| 43377 | L | 0/01 | () | M | Ta | (11) | | 12- | 25- | 20 | 2 | 15 |
| 3.58 | × | - | RACE | | S. DATE C | F BIRTH | 2 | AGE IN YEARS LAST B | HRTHDAY) | IF UNDER 1 YE | AR IF UNDE | R 24 HRS |
| I | emile | 55 | 1.16 | 140 | MONTH | F BIRTH O | etal Left | 82 | YRS | MONTHS DA | YS HOURS | MIN. |
| 7e. B | RTHPLACE ILLIEDA | tiki iow - 7 | b. CITIZEN OF | WHAT COUNT | | | 7 | 9 BALTIMORE CITY | | TY OF DEATH | | |
| M | aryland | ALC: | US | SA | WIDOWE | a manual | | Balto. | .Co. | | | MD. |
| 00 | THE TOWN OF DEA | O O | | HEACHTY SIVES | RSING HOME C | Home, Bal | Lto. | 120 USUAL OCCUPA | | | OF BUSIN | |
| USU | AL RESIDENCE (IF NURS | ING HOME OR | OTHER INSTITUTION | | | | | | | | Md21 | |
| 13a. 5 | arvland | 136 COUNT | | 13t. CITY OR | TOWN | 138 INSIDE CITY LI | | 7 Sudbro | ok I | DE | | |
| | THER'S NAME | | 1 44 - 44 | | | 15 MOTHER'S MAI | DEN NAM | NE . | | | | |
| | Unkr | nown " | IDDLE | Kenn | edy | Cat | ther: | ine MIDDLE | | Whi | tten | |
| | WAS DECEASED EVER | | | 166 SOCIALS | SECURITY NO | 17 INFORMANT | - 11 | ADDI | RESS | Md.2 | 1202 | |
| | YES]WOOR UNKNOWN) | IN TES GIVE | WAR OR DATES) | 218-0 | 1-1457 | Lynn S | Sassi | in,300 E. | Lomb | ard S | t.Ba | lto. |
| | 18 CAUSE OF DEAT | H (Enter ant) | ane cause per | line for to (b | , ond ic | A | 4 | | | BETWE | OXIMATE INTE | RVAL D DE ATH |
| | PART I. DEATH W | IMMEDIATE | | 1). | ehyd2 | ation | | | | | | |
| | | | DUE TO O | R AS A CONSE | EQUEN E OF | | 1177 | 65 | 1 | | | |
| | Canditians, if ony, | which | (6) | K AS A CONS | 200140001 | | | | | 1 200 | | |
| 10 | gave rise to immediate cause ia, stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | | 11 37 | | | |
| | underlying cause | | DUE TO, OI | R AS A CONSE | EQUENCE OF | | | | | | | |
| | PART 2 OTHER SIGN | VIFICANT | ONDITIONS CO | ONTRIBUTANG | TO DEATH BUT | NOT RELATED TO T | HE TERMIN | NAL DISEASE OR CO | NDITION G | IVEN IN PAR | Llia | |
| NO | Dei | Ment | 10 | 7 00 | 08-02 | 113 CD | A | THE DISEASE ON CO | 11011011 | THE CIVILATION | 110 | |
| CERTIFICATION | 1911 DATE OF OPERAL | TION | 196 COND | TION FOR WE | TICH OPERATION | N WAS PERFORMED | D | 20a AUTOPSY? | 20b. 1F Y | ES, WERE FIN | DINGS USE | D |
| FIC | AND LOOK A | | | | | | | YES T NOT | 1 | FIFYING CAU: | SES OF DEA | |
| E8.1 | 210 ACCIDENT WAS UNE | DERLYING | 71b. TIME O | FINIURY | | Tale HOW IN IURY | OCCURRE | ED (ENTER NATURE OF IN | | | | |
| | OR CONTRIBUTING | | 110110 4 | | DAY YEAR | | OCCORNE | ED (EMIEM MATIONE OF MA) | DKT IN TIEM TO | ORTER! | 4) | |
| MEDICAL | (IF EITHER NOTIFY MEDI | | P | | 19 | 11/ 10/ 17/01/ | | | | | | |
| WED | 214 INJURY OCCUR | | 21e PLACE | OF INJURY REET FACTORY, OF | FICE FARM ETC) | 21f LOCATION | | CITY OR I | OWN | COUNTY | | STATE |
| | WHILE NOT WE AT WO | RK L | | | | | | | 30.00 | | | |
| | 22a.1 certify that (1) | | al) attended th | e deceased fro | om | , 19 | | to | | . 19 | that (I) | (we) last |
| | saw the decease above, (1) (we) (c | | view the bady | after death. | 19 an | d that in (my) (aur) | opinion de | eath accurred an the | date and h | our and fram | the causes s | tated |
| | 22h SIGNATURE | | 1 | | (| DEGREE | | / | VBV. | 22¢ D/ | ATE SIGNED |) |
| | James | eur | Larl | han | 2 | | ICIAN | DIRECTOR PHYS | AFF ICIAN 🗌 | | | |
| | 22d PHYSICIAN'S NA | AME LIYPE OF | PRINT | | | 22e. ADDRESS | 0 1 | | 1 | 2 . | | |
| | TASNEE | m (| ARH | AM | | 72201 | ark | Heeplest | tre, 1 | Salto | Md | 2/20 |
| 23a. E | BURIAL, CREMATION, | REMOVAL | 23b. DATE | | 231. NAME OF C | EMETERY OR CREM | ATORY | 234 LOCATION | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

60M 7/84 PUNERAL DIRECTOR Balto.Md.21230
McCully Funeral Home, 130 E. Fort

Cremation 12/26/85

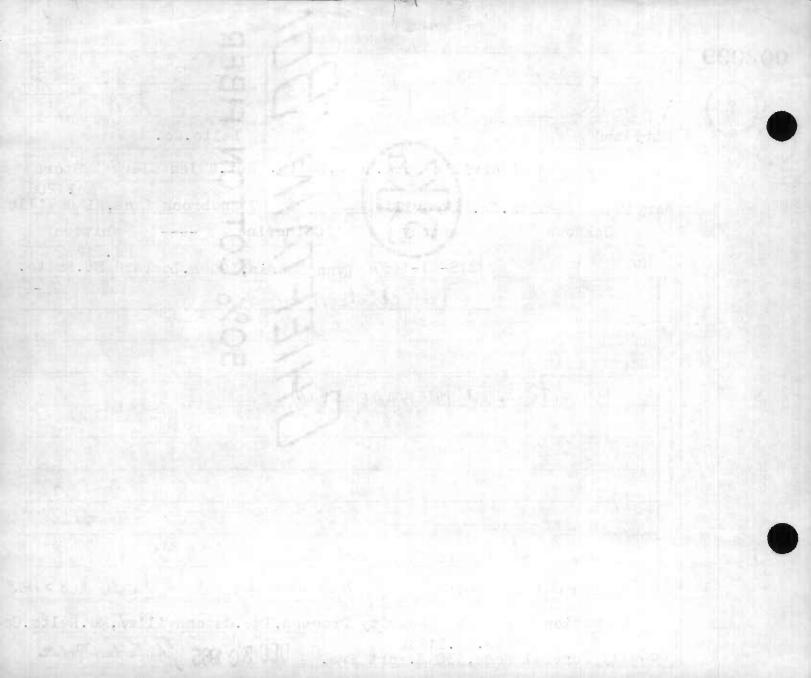
Security Process, Inc. Catonsvillen, Md. Balto. Co

21230

30 E. Fort Ave.

DEC 30 1985

Julia Davidson—Norden.



am Gt 12 I tem 6 2/20/37 rja department of Health and Mental Hygiene

DHMH - 16 60M 7/84 (VRA 15, 4)

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- STATE

7.00 Ch E Some and the Still and History Inches Mu Paire - to levente - May A Bind She all the ENOUGH TOOMERS TONGENOUS NO THE SHEET STOLD SHEET Line is the contraction of the c Down of Secretary of the second

should be detached for use as the buwith the State Dept. at Health and M. MPORTANT: If them 21 is marked ar

TO FUNERAL DIRECTOR.

DHMH - 16 60M 7/84

(VRA 15, 4)

BP

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

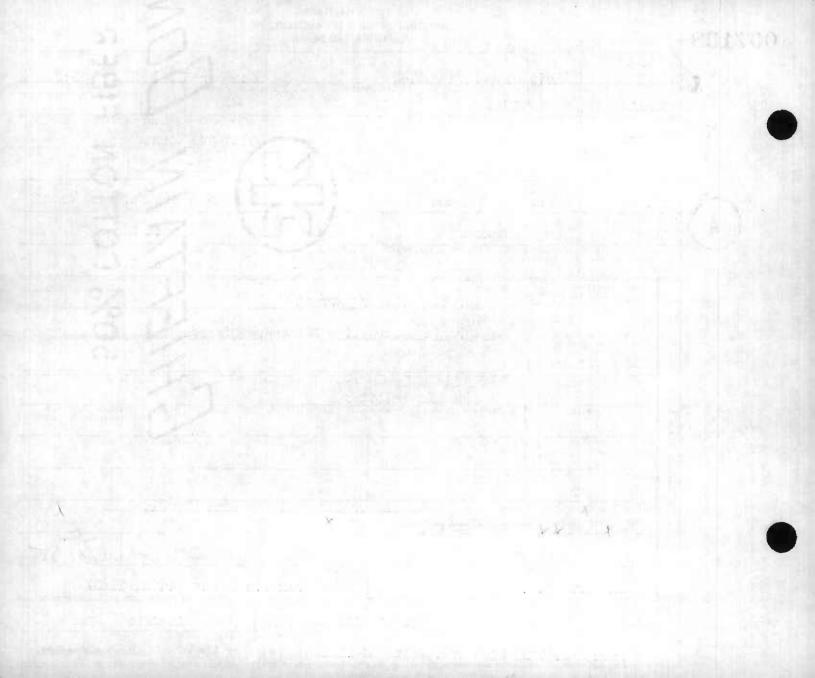
STATE REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

| - 1 | DEC | CEASED NAME | FIRST | A | AIDDLE | L | AST | | 20 DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
|-----|------------|---------------------------------|-----------------|-----------------|-----------------|-------------------|--|--------------|---------------------------|--------------------|-----------------------------|---------------------|
| 1 | | OR PRINT) | | | | | | | 10 10 10 10 10 N | | | |
| | | | Lois | Genev | ieve D | FATON | | | December 3 | | | 13:50a M |
| 6 | 3 SE) | (| | RACE | | 5. DATE C | | | 6. AGE (IN YEARS LAST BIR | | UNDER I YEAR | HOURS MIN |
| | | emale | | White | | M12 | 19 | YEAR 14 | 71 | YRS | 3 1 1 | HOURS MIN, |
| 0 | | RTHPLACE (STATE OR F | OREIGN 76 | CITIZEN OF | WHAT COUNT | RY? 8 | NEVER MAR | DIED [| 9 BALTIMORE CITY O | R COUNTY O | FDEATH | |
| 91 | | eorgia | | USA | | WIDOWE | | RCED | Baltimore (| County | | 440 |
| // | _ | TY OR TOWN OF DEA | TH 1 | NAMEOFF | HOSPITAL NILL | | R OTHER INSTITU | | 120 USUAL OCCUPAT | | 12h KIND C | MD. OF BUSINESS OR |
| 1 | | osedale | | LIE NOT IN SUC | HEACHITY GIVES | | | | Housewife | | 126 KIND C INDUSTRY H | Iome |
| | | AL RESIDENCE (IF NURSI | | | | | Cert | | | | | |
| 6 | | ETATE | Balto | | Sparr | ows Pt. | 13d. INSIDE CITY YES \(\text{NOTE} \text{NOTE} | LIMITS? | 2914 Sparr | ZIP CODE OWS Pt | . Rd. | 21219 |
| 1 | 14 FA | THER'S NAME | | | | | 15. MOTHER'S M | AIDEN NA | | | | |
| D | L | evy | M | Cart | ter | | Minnie | Ī | WIDDLE | Not K | nown (AS | ST |
| 1 | 16e V | VAS DECEASED EVER | IN U.S. ARM | ED FORCES? | 166 SOCIALS | ECURITY NO. | 17 INFORMANT | 37-05 | ADDRE | SS | | |
| | N | O OR UNKNOWN) | (IF YES, GIVE V | WAR OR DATES) | 262-16 | -0932 | Foster | W. De | aton sam | ne as l | 3e | |
| | | LE CALISE DE DEATH | H (Enter only | nne chuice ner | line for (a) (b | L and is | | | | | APPROX | ONSET AND DEATH |
| | | PART 1. DE ATH W | AS CAUSED | BY. | Candia | p. Iman | A | _ | | | OF I WEEK | ONSET AND DEATH |
| | | | IMMEDIATE | CAUSE (o) | carulo. | -pu mond | ary Arres | · L | | | | |
| | | | | DUE TO OF | R AS A CONSE | OUENCE OF | | | | | | |
| | | Conditions, if ony, | which | | | | ictive Pi | Ilmona | ry Disease | | 1000 | |
| | | gove rise to imm | nediote | 10) | OHI OHIT | 000010 | | 11110110 | n produce | | | |
| Ш | | underlying couse | | DUE TO, OI | RASACONSE | OUENCE OF | | | | | 14.7 | |
| | | underlying coose | 1031. | (c) | | | | | | | | |
| | | PART 2 OTHER SIGN | VIFICANT CO | NDITIONS CO | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO | THE TERM | INAL DISEASE OR CON | DITION GIVEN | NIN PART 1 | la . |
| | NO O | Carrier Company | | | Diabete | es Melli | tus | | | | | |
| 1 | AT | 190 DATE OF OPERAT | TION | | | | N WAS PERFORM | ED | 200 AUTOPSY? | | WERE FINDI | |
| 21 | CERTIFICAT | | | 100 | | | | | | | NG CAUSES | S OF DEATH? |
| | RT | | | - | | | | | YES NOX | YES | | NO 🗌 |
| 1 | Ö | 21a ACCIDENT WAS UND | | HOUR A | M. MONTH | DAY YEAR | ZIC HOW INJUR | RY OCCURR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PAR | I I OR PART 2) | |
| | AL | OR CONTRIBUTING C | | P., | | 19 | | | | | | |
| | MEDICAL | 21d INJURY OCCURR | | 21e PLACE | | ,,, | 211. LOCATION | | | | | |
| - | ME | | | | EET, FACTORY OF | FICE FARM ETC) | STREET | | CITY OR TO | WN | COUNTY | STATE |
| | | AT WORK AT WOR | | | | | | | | | | |
| | | 22a I certify that | (this hospita | l) attended the | e deceased fro | - Decemb | per 26. | 19.85 | | r=31, 19 | 85 | that (we) lost |
| | | saw the decrays above well d | d alive on | Decembe | r 31 | 19 <u>85</u> , ar | nd that in (1) (ou | r) opinion o | death occurred on the d | ate and hour o | and from the | couses stated |
| | | 27h SIGNAPURE | // r n | view The body | arrer deam. | | DEGREE | | | | 22c. DATE | AIGNED |
| | | 1/ 0 | 1111 | | | | | NDING | MEDICAL _ STA | FF _ | /. /. | 2.10- |
| | | Leme | 2/1/2 | M | | | PHY | SICIAN [| DIRECTOR PHYSIC | | 12/2 | 21/83 |
| | | THYSICIANS NA | THE THE CAL | Milet I | | | 22e ADDRESS | | | | / | / |
| | | Ken Cur | rv M. | 0. | | | 9000 1 | Frank1 | in Square | Drive, | 21237 | |
| - | 22- 0 | | -7/ | 23b DATE | т | 22. NIAME OF C | EMETERY OR CRE | | 1236 LOCATION | | | |
| | - (| URIAL, CREMATION, | REMOVAL | -31 | | | | | CITY OR TOWN | | COUNTY | STATE |
| | В | urial | | 1-4-86 | | Gravel | Hill Cem | - | | ingdale | | a. |
| - | | INERAL DIRECTOR | | | | | | 25e. DATI | E REC'D. BY REGISTRAR | 25b. REGISTRA | R'S SIGNAT | TURE |
| | D | uda-Ruck I | nc 70 | 22 Wis | e Ave. | Balto M | d 21222 | 11 | N 3 1986 | - White of the | widson- | Mandall. |
| | | T LICENT TOND | | , | | | | 12.74 | 11 11 1000 | VI | | |



FOR - STATE

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farm:tar, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 100 | REGISTRAR CERTIFICATE OF DEATH REG. NO. | | | | | | | | | | | | |
|----|---|--|--------------|--|--|----------------------------|------------------|--------------------------------------|--|--------------------------|---------------------|-------------------------------------|--|--|
| 0 | | CEASED NAME | FIRST | N | IDDLE | ι | AST | | 20 DATE OF DEA | нгиом НТ | DAY YEAR | 2b. HOUR | | |
| 1 | (1176 | OR PRINT) | Mar | `y | Dengl | er | | Dec. 2 | 5, 1985 | | M | | | |
| | 3. SEX | | | 4 RACE | | 5. DATE C | | | 6. AGE IN YEARS | AST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS | | |
| 9 | | Female | | White | 9 | Oct | . 31 | 1895 | 90 | YRS | MONTHS DAYS | HOURS MIN. | | |
| 6 | 7a BIF | RIHPLACE (STATE OR P OUNTRY) Maryland | OREIGN | 76 CITIZEN OF V | | (? 8. MARRIEI WIDOWE | V | MARRIED - | Balti | more, C | | MD. | | |
| 8 | | Towson | | St. J | FACILITY, GIVE STRE | et ADDRESS) | R OTHER IN | UPATION MOST OF WORKING BRET | WORKING LIFE) INDUSTRY | | | | | |
| 5 | 130 S | | 13b. COUL | | GIVE RESIDENCE BEFO 13c. CITY OR TO Park | | YES 🗌 | CITY LIMITS? | | RESS / ZIP CO avenvie | | 42 | | |
| 1 | 14 FA | THER'S NAME FIRST | | MIDDLE | LAST | | 15. MOTHER | S MAIDEN NA | | DOLE | LAS | 1 | | |
| 4 | _ | illiam | | . Carr | | | Louisa | | | | Heymach | | | |
| | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAILES) | | | | | | | | | | | r Halst | | |
| 'n | | no | | | 212-05- | 6478 | Wi | William G. Dengler 3301 Appleton Ave | | | | | | |
| - | | PART I. DEATH W | | ily one couse per l D BY: TE CAUSE follows | line for (o), (b), | ond ic. | - C | HF | | | APPROXI BETWEEN | MATE INTERVAL ONSET AND DEATH | | |
| | | Conditions, if ony, which gove rise to immediate couse [a], stating the underlying couse last. DUE TO OR AS A CONSEQUENCE OF LINE STATE OF STATE O | | | | | | | | | | | | |
| | TION | PART 2 OTHER SIGNIFICANT CONDITIONS TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1706. IF YES, WERE FINDINGS LISED | | | | | | | | | | | | |
| 2 | CERTIFICATION | 190 DATE OF OPERAL | _ 196 CONDII | TON FOR WHIC | H OPERATIO | N WAS PERF | ORMED | HNICER | LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) NO \(\text{NO} \) | | | | | |
| 1 | MEDICAL CE | 270 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING | AUSE OF DEA | .,,, | MONTH | DAY YEAR | 21c. HOW I | NJURY OCCURR | RED (ENTER NATURE C | DE INJURY IN ITEM 1 | B PART I OR PART 2) | | | |
| | MED | WHILE NOT WHAT WORK | ILE [| 21e PLACE C | OF INJURY ET, FACTORY, OFFICE | E. FARM ETC } | 21f LOCAT | | CITY | ORTOWN | COUNTY | STATE | | |
| | 0 | 220.1 certify that (1) (this hospital) attended the deceased from 19 0, to 19 1, that (1) (we) la saw the deceased alive on 19 1, and that in (my) (qur) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not rive with pody after death. | | | | | | | | | | that (1) (we) last couses stated | | |
| | | TIL SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI | | | | | | | | | SIGNED, 27/85 | | | |
| | | | | Mintze | | | 3009 | evergr | een Aven | ue Balt | imore, M | Maryland | | |
| | 23a Bt | URIAL, CREMATION, I Buria | _ | 23b. DATE 12-28- | | | METERY OR Redeem | CREMATORY | 23d. LOCATION | timore | City | Md · ATE | | |
| | 24 FU | NERAL DIRECTOR | | | | | | 25a. DATE | TE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE | | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNETAL DIRECTOR, After this certificate has been signed by the attending physici intended to the otherwise software to buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TENDING PHYSICIAN: The

MEDRIANT # 11-m 21 11 marked or 11em 18 shaws any

Leonard J. Ruck Inc. Baltimore, Maryland

DEC 27 1985 January

· J - I

BOLLY BURE STORES

The community of the second

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ava morotona fuce asi mel . marrier 3 u-ol-sta

. In the second of the second

5-8-02 EU

(VRA 15, 4)

scalin Fulleral Home

21236

STATE OF MARYLAND

Children The transfer of the contract o The state of the s and the state of

-emple TO BIRTHPLACE ISLATE OR FOREIGN

JARYLAND

(YES, NO OR UNKNOWN)

CITY OR TOWN OF DEATH

(TYPE OR PRINT)

COUNTRY

SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

DE MUGGIERO

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH YEAR 2b. HOUR 30. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR HOURS.

BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED DIVORCED | WIDOWED

0W501 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE

12b. KIND OF BUSINESS OR

21234

PAITO UAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNT

4 RACE

130 CITY OR TOWN

LAST

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d INSIDE CITY LIMITS? NOF

13e STREET ADDRESS / ZIP CODE HARVISW AVS 15. MOTHER'S MAIDEN NAME

4 FATHER'S NAME

ARU

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

76 CITIZEN OF WHAT COUNTRY?

17 INFORMANT

18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ICP PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) der Conditions, if ony, which teakins gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

190. DATE OF OPERATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 Q 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

AT HOME STREET, FACTORY OFFICE FARM ETC I

AUTOP& 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY

DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE O INJURY IN ITEM 18 PART 1 OR PART 2)

12-0

211 LOCATION

CITY OR TOWN

COUNTY STATE

NOT WHILE WHILE 220.1 certify that () (this hospital) attended the deceased from_

\$5., and that in (hy) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

226 DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

23b DATE

12-30

sow the deceased alive on 50 obove, (Ny(we) (did) (did log) view the body after death

HBERSAT. Richard M.D.

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 25h.

reha Daydon

00

the FUN Jole

FOR

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

7h. HOUR

17h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

COUNTY

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

77c DATE SIGNED

STATE

STATE

COHNITY

F UNDER 24 HRS

21204

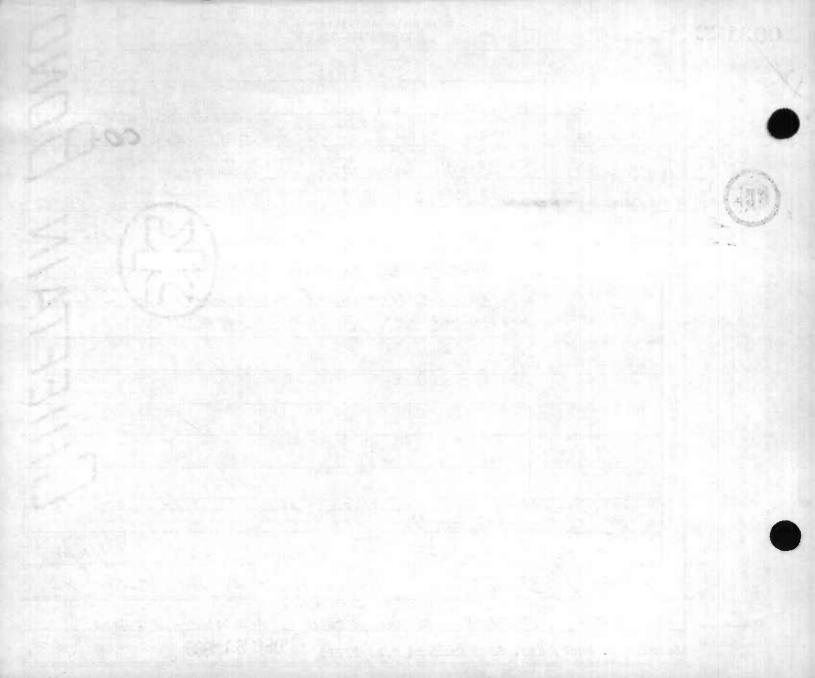
Cooser, THE PARTY OF THE P THE LEGISLAND THE STATE OF THE

Manager Strawer

| 002184 | 1- | STATE REGISTRAR | u 22a,Fil | | DEIA | RTMENT OF | | | | | | DEC. N | 3 3 | i d' | 4 |
|--|---------------|------------------------|--|----------------------|-----------------|--|--------------|---------------|----------------|-------------|----------------------------------|---------------|----------------|--------------------------------|---------------|
| . 0 | | CEASED NAME | FIRST | | WIDDL | | | LAST | | | a DATE | REG. I | | DAY YEA | AR 12b HOU |
| 10 | (TYP | E OR PRINT) | | OTUV | VERON | rca 52 | | | | | OF DEATH | ESTI- | X | | 20 11001 |
| / SSESE | I SEX | | 4. RACE | OTHY Is DATE OF B | | | EARS IF UN | IDED I VD | IF UNDER | 24 HBC 2 | | MATED | 12- | 25-85 | AR 2d HOU |
| 2 N N N N N N N N N N N N N N N N N N N | 100 | in the | | HINOM | DAY YE | AR LAST BIRTH | DAY) MONT | | HOURS | | RONOUN | CED | | | Za HOU |
| 42 20 X 5 | - | RTHPLACE (SI | White | Apr . | 1 191 | | rrs. | | | | DEAD | 000 0000 | 12- | 25-85 | 5:30F |
| NEGES STORES | Wa | ashingt | on, D.C. | U | .S.A. | | WIDOW | | DIVORC | ED O | Balti | imore | Coun | | M |
| PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE | T | OWSON | 1 | Great | er Bat | Timore | Medic | | | Hom | AL OCCUP OST OF WORK IEMAK | ATION (T | YPE OF WORK | 12b KIND OF OR INDU Home | BUSINESS |
| FEGURAL STREET | | TATE | IF IN NURSING HOME OF THE STATE | TY | 13c. C | ENCE BEFORE ADMISSING TO THE STATE OF TOWN STATE OF THE S | | 13d INSIDE CI | ITY LIMITS? | 13e STREE | | | Frede | 2090 rick Wa | 6 av |
| TANA MA | 14. F/ | THER'S NAME | | MIDDLE | | LAST | | 15. MOTHE | ER'S MAIDE | NNAME | | DDtE | | TZAL | |
| A PRESIDE | 1 | Frank | | J | · N | filler | | | rothy | | H. | - | | Esenha | rt |
| WAS DEAD OF THE PARTY OF THE PA | 16a V | VAS DECEASEI | EVER IN U.S. AR | AED FORCES? | 16b. | SOCIAL SECURI | TY NO. | 17 INFORA | TAAN | | | ADDRES | S Poto | mac, Mo | d. |
| THE SECOND SECOND | / | No | (4,765,677 | | 5 | 77-10-7 | 170 | Doll | y D. | Sulli | van. | 9617 | Pink | ney Ct | • • |
| 3 R | | II CAUSE O | F DEATH (Enter on | y one cause pe | er line for (o) | , (b), ond (c).) | 7 | | | | | | | APPR OX IM | AATE INTERVAL |
| 1 3 3 4 4 | 5 | 911 | ATH WAS CAUSEI | E CAUSE (a) | Aspi | iration | of/a | Bolus | of F | 'ood | | | | BETWEEN | SET AND DEATH |
| NA STATE OF | 1 | 100 | 15 0180 | DUE TO | O, OR AS A C | ONSEQUENCE | OF | | 1417 | | | | | | |
| R ESPECIA | | | s, if any, which | (b)_ | | | - 25 | 24.3 | | | | | | 1-10 | |
| W WENT W | | couse (o) lying cou | stating the under- | DUE TO | O, OR AS A C | ONSEQUENCE | OF | | | | | | | | |
| S FINANCO | | | | (c)_ | | | | | | - | | | | | |
| EXE CAL CAL CAL | | PART 2 OTHER SIG | INIFICANT CONDITIONS | ONTRIBUTING TO | OEATH BUT NOT | RELATED TO THE TER | MINAL DISEAS | OR CONDITION | N GIVEN IN PAI | RT 1 (a) | | | | | |
| AS A | ŏ. | | | | | | | | | | | | | | |
| TAL R ROUTED VISED OF HE RIAL | CAT | 19a. DATE OF | OPERATION | 196. CC | ONDITION | OR WHICH OPE | RATION W | AS PERFOR | MED? | | | | | 20 AUTOP | SY? |
| | CERTIFICATION | | | | | | | | | | | | | YES X | ON D |
| CATE S THE C MENT TO BIL | 11.75 | 21a EXTERNA UNDERLYING | L CAUSE WAS | | ME OF INJUR | TH DAY YEA | 21c. H | OW INJURY | OCCURRE | D LENTER NA | ATURE OF INJU | JRY IN ITEM 1 | B PART 1 OR PA | ART 2) | |
| VISION CERTIFIC TING THE SED TO 3 SHOU PRICE | ICAI | CONTRIBUTIN | G CAUSE OF | | P.M. 12- | | | ubject | chok | ed or | 1 food | d | | | |
| DIVISION OF S CERTIFICATE RITING THE W REDED TO THE RESTANDED OF PRICE TO | MEDICAL | 21d INJURY O | CCURRED | STREE | ACE OF INJU | JRY (AT HOME, | | CATION | | | CITY OR TOW | MC MC | nt.Cc |) . | STATE |
| WAR WAR | | AT WORK | NOT WHILE K | K | Home | | Pr | incess | s Fred | derik | Way, | | | pring, | |
| A PROPERTY OF THE PROPERTY OF | | 22a. I certif | y that I taok charg | e of the remoir | ns described | abave, held an | Autop | y X. | Inspection | , 🔲 , | Inquiry | | and in my or | ninion | |
| MEDICAL EXAMINEE CUTF THE CRETIFICAT DE 4 SHOULD BE FOR ENERAL DIRECTOR TIMORE, MARYTAND | - | death resulte | d from Notur | al couses 🔲 | , Accide | ent XX, s | uicide 🔲 | , Homic | ide . | Undeter | mined mor | | , | | |
| SAN | | | 110 | | 1.0 | 1 | | TITLE (SI | PECIFY) | | | | | | |
| ₹ ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩ | | ACTUAL SIGNATURE_ | Mou | 20 | une | 104/1 | M | Assis | stant | MEDIC | AL EXAMI | NFR | DATE | 12-26- | 85 |
| EDICAL THE THE 4 SHOOL NEBAL DEATH NORE A | | EY A MINIED'S | NAME M. | | . 1 | | | | | | | | 0.011 | | |
| TO ME PAGE TO RUIN | - | EXAMINER'S I | IT) Ma | rgarita | | orell,M | | ADDRESS_ | | Penn S | stree | t | | | |
| 074 04 A | 23a.Bl | PEC IEV) | ION, REMOVAL 2 | | | NAME OF CE | | | | 23d. LOC | TOWN | | CON | NIY | STATE |
| 07/84 BP/472 | | Byria | | 12/28/ | | Gate of | | en Cer | meter | y S | ilver | Spr | ing, | Md. | |
| 25M DHMH - 17 | 24 FL | NERAL DIRECT | Josef | | | ons Inc | • | 12 | 25a. DATE R | EC'D. BY R | egistrar 985 | 256. REC | SISTRAR'S S | GNATURE | |
| (VR A15 ME (5)) | | 5130 W | sc. Ave. | , N W. | Wash/ | , D.C. | 1-11 | | | OIL | 303 | Juli | a David | con-Rend | .02 |

totale with the the ono House Section to La No. Nont. 1971 Amino 1991 Prince Indiana del May tundent .E verovo. enlike), in co one of the call of the call of the call of the notel 17/30/1955 cate of horsen femalesy diverse quiting inte Joseph plopis dons inc. Fred distributed the state of the

| | 1 | FOR | DEPART | | OF MARYLAND ALTH AND MENTAL HYG | 1 5 5 | 5 3 | . / 3 |
|----------|---------------|---|-------------------------------------|----------------|------------------------------------|--|------------------------|----------------------|
| 22 | 1. | STATE REGISTRAR | DLI ARI | | ATE OF DEATH | REG. NO | | |
| | | CEASED NAME FIRST | WIDDLE | LAS | T | | MONTH DAY YEAR | 26 HOUR |
| | (ITP) | MARI | 4 | DIF | FATIA | / | 12 20 85 | 18:48 |
| | 3. SE | x | 4. RACE | 5. DATE OF | BIRTH | 6. AGE (IN YEARS LAST BIRTI | HDAY) IF UNDER 1 YE | |
| | | FEMALE | WhitE | 07 | 03 67 | 78 | YRS | 13 HOURS MIN. |
| j . | | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 MARRIED | NEVER MARRIED | 9 BALTIMORE CITY OF | COUNTY OF DEATH | 21204 |
| 20 | | Louisiana | USA | WIDOWED | DIVORCED | BALTIM | ORC (CMI) | M |
| C. Lea | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | | OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | | D OF BUSINESS OF |
| 100 | | DWSON, MD | ST. Joseph | Hasp | ITAC | Homemake | | |
| 专厂 | 13a. | AL RESIDENCE (IF NURSING HOME OF | NTY 13c. CITY OR TO | | 3d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / | | |
| 10 | _ | aryland ATHER'S NAME | Baltimo | | YES NO | 4602 LaSal. | le Avenue | 21206 |
| - | 114. 17 | FIRST | MIDDLE | | 5. MOTHER'S MAIDEN NAM | MIDDLE | | LAST |
| | 160. | Angelo WAS DECEASED EVER IN U.S. AR | Rinaudo RMED FORCES? 166 SOCIAL SEC | | Joseph. | ine ADDRES | Mazo. | la |
| medico | | | VE WAR OR DATES) | K. L. Harris | | | | |
| he m | | | 215-28- | | Mr. Angelo D. | iratta 3014 | | |
| tue , | 76 | PART I. DEATH WAS CAUSE | 124 1 (1 1 1 1 1 | litiro | lateral ne | real walied | BETWE | ROXIMATE INTERVAL |
| lic ev | 7 | IMMEDIA | TE CAUSE (0) HULL TO | ww. | inciac por | + lack | ò | hour |
| ama | | Conditions, if any, which | DUE TO, OR AS A CONSEOU | UENCE OF | | yourdial topacho | | |
| er tro | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEOU | LIENICE OF | | | HOLLE BY | |
| rothe | | underlying couse last. | (c) | OLIVEE OI | | | | |
| ury, o | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT N | OT RELATED TO THE TERM | INAL DISEASE OR COND | ITION GIVEN IN PART | 1(0 |
| ny in | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | HOPERATION | WAS PERFORMED | 20g AUTOPSY? | 20b. IF YES, WERE FIN | IDINGS LISED |
| WSD | FIC | | | | THO PER ORNED | YES TO NOT | IN CERTIFYING CAUS | |
| S sho | ER | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 2 It HOW INJURY OCCURR | | | |
| E G | | OR CONTRIBUTING CAUSE OF DE. | | DAY YEAR | | | | |
| 20 | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 12 | III LOCATION | CITY OR TOW | yn COUNTY | STATE |
| rked | 2 | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY OFFICE, | , FARM ETC) | SINECT | CITORION | COUNTY | SIAIE |
| 2 3 | | 22a.1 certify the (1) this hosp | ital) attended the deceased from | | 123 , 19 85 | | 28 1985 | _, tho ((1) (we) los |
| 121 | | sow the deceased alive an above, (i) we) (did (did no | at) view the body after death. | , and | that in (my)(aur) apinion d | death accurred on the dat | te and have and fram t | the causes stated |
| Hen | | 226. SIGNATURE | 11 24 | DE | GREE | MEDIAL CYASI | | ATE SIGNED |
| <u></u> | | rany | July wo | - /11 | | DIRECTOR PHYSICI | | 130/25 |
| RTA | | 22d PHYSICIAN'S NAME UPPE | Tet our | 3,-11 | 22e ADDRESS | 70 No. | - | 1 10 |
| IMPORTAN | | BUILTA | 00151412 | | 7600 ONCE | | 1000)00 |) NO |
| | | BURIAL, CREMATION, REMOVAL | | | METERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | STATE |
| - 17 | 24 50 | Burial UNERAL DIRECTOR | 12/31/85 Ga | ardens | of Faith | Baltimore | | |
| 7/B4 | | | Inc. 5305 Harfor | rd Pood | | C 3 1 1085 | St. REGISTRAR'S SIGN | |
| 4) | 200 | oriala o. Mach, | TIL. JJUJ Harro | Lu Koaa | 21214 | 1300 | (1 | |



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

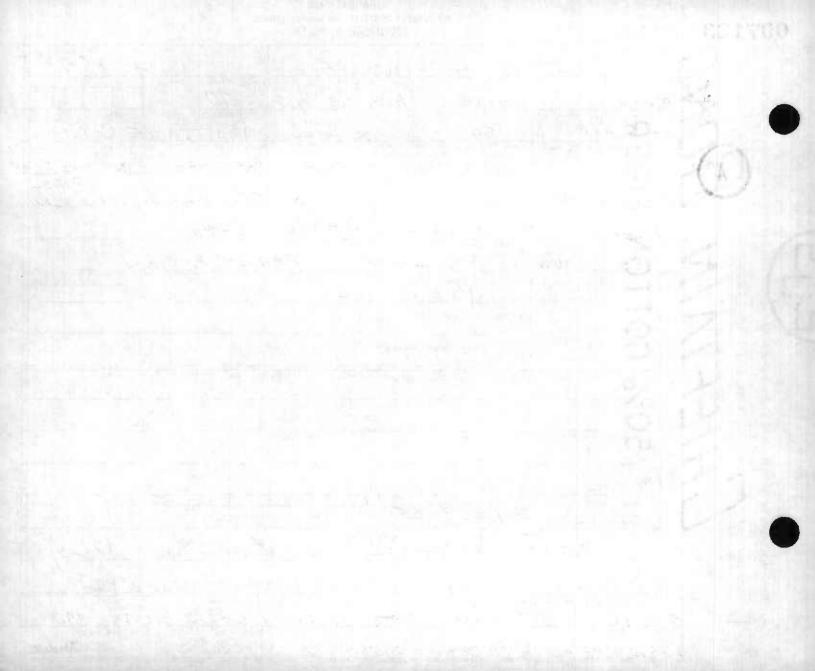
| | 1 | REGISTRAR | | | | CERTIF | ICATE OF DEATI | H | REG. N | 10. | | | | | |
|----|---------------|---|---------------------------|-----------------------------|-----------------------|------------------|---------------------------------------|--------------------|-------------------------|-------------------------------|-------------------------|--|-------|--|--|
| | | DECEASED NAME FIRST MIDDLE | | | | L | AST | | 20. DATE OF DEATH | | H DAY YEAR 26 HOUR | | | | |
| | (TAME | (TYPE OR PRINT) REBECCA | | | | | DILLON | | DECEMBER : | 23 10 | 985 | 9:35 | Рм | | |
| S. | 3. SEX | | | | | 5. DATE OF BIRTH | | | 6. AGE INYEARS LAST B | | IF UNDER I YEAR | IF UNDER 24 | | | |
| | | FEMALE | | CAUCA | ASIAN | JUNE 12, 1893 | | | 92 | MONTHS DATS | ONTHS DATE HOURS MIN. | | | | |
| | | RTHPLACE (STATE OR FO | DREIGN | 76. CITIZEN OF | WHAT COUNTRY? | | | | 9. BALTIMORE CITY | 1111 | | | | | |
| l | | MARYLAND | | | S.A. | | | | BALTIMORE COUNTY | | | | | | |
| ĵ | 10. CI | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) | | | | | OR OTHER INSTITUTION | 17a. USUAL OCCUPAT | | | 126 KIND OF BUSINESS OR | | | | |
| | | BALTIMORE | | 2905 FA | ALLSTAFF | RD.,A | PT. 44(212 | 209) | HOUSEWI | | | HOME | | | |
| P | | AL RESIDENCE (IF NURSI | NG HOME OR | | GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIM | AITS? | 13e STREET ADDRESS | / ZIP COE | DE (21 | 209) | | | |
| f | - | MARYLAND | BAL | TO | BALTO | YES NO X | | | 2905 FAL | F RD., AP | ,APT. 44 | | | | |
| 1 | III FA | THER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAID | | AE MIDDLE | | LAS | | | | |
| 1 | | JACOB | | | SANDL | | ANN | | | E211 | HOFFMAN | | | | |
| 1 | 1 ∳a ∨ (Y | VAS DECEASED EVER I (ES NO OR UNKNOWN) NO | | MED FORCES? E WAR OR DATES) | 16b SOCIAL SECUI | | 17 INFORMANT | | DRENCE DATE | | APT. 44 | | | | |
| | | NO | | | 216-44-0 | 562 | 2905 FALI | STAI | FF RD. | BALTO. | , | | | | |
| ï | | 18 CAUSE OF DEATH. Enter only one cause per line for 101-102, and 1011 PART I. DEATH WAS CAUSED BY | | | | | | | | | BETWEEN | APPROXIMATE INTERVAL BETWEEN ONSEVAND DEATH | | | |
| | 45 | IMMEDIATE CAUSE (a) UM MARINE | | | | | | | | 24 | | _ | | | |
| | | | | DUE TO, OI | R AS A CONSTOUE | NCEOF | Desition | | . diament | | 17 | -1/1 | 1- | | |
| | | gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | 10 | 1 | | | | |
| | | cause (a), stating underlying cause | | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | ausa | own. | 0 | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 | | | | | | | | | | | = | | |
| | NO | WWC | | | | | | | | | | | | | |
| | CERTIFICATION | 190 DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? | 20b. IF YI | ES, WERE FINDIN | IGS USED | | | |
| | TIF | γ | en | - | | | | | YES NO | | IFYING CAUSES | OF DEATH? | | | |
| | CER | 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH | | | | | 21c HOW INJURY C | OCCURR | ED (ENTERNATULOFINA | JRY IN ITEM 18 | PART I OR PART 2) | | | | |
| | CAL | OR CONTRIBUTING C | | din . | | 19 | | | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED 21e PLACE OF INJURY (All HOME STREET FACTORY, OFFICE F) | | | | ARM. ETC.) | 211 LOCATION STREET CITY OR TOWN COU | | | | | STAT | E | | |
| | 2 | AT WORK AT WOR | YOU | 1 | | | 10 10 | la. | | 1 | AT | | | | |
| | | 22a I certify that (I) (| | 101- | deceased fram | 15 | 10 19 | 18 | | 23 | , 19 8 | that (It (we) | last | | |
| | | saw the decease abave, (1) (we) (d | d alive an id) (did no | t) view the body | 2-3 19 8 after death. | | | pinion d | leath accurred an the c | late and ha | | | d | | |
| | | 226. SIGNATURE | 44.4.1. | ELL | | DEGREE ATTENDING | | | , MEDICAL STA | FF | 22c. DATE | SIGNED | . ~ | | |
| 9 | | 22d PHYSICIAN'S NA | IVILLY | - MM | mury | 7 | 177 PHYSIC | IAN D | MEDICAL STA | | 1121 | 24/8 | 3 | | |
| i | | | | | - | | THE ADDRESS | | | | DALTO | MD . | 21 21 | | |
| | 226 8 | URIAL, CREMATION, F | | FELDMAN 1236, DATE | 122 | AME OF C | 1 6610 CRC | ISS C | COUNTRY BLY | D. | BALTO. | , PID . | | | |
| | | SPECIFY | REMOVAL | | 131 W | ÖRKME | EMETERY OR CREMA | | BALTIMO |)RF | MAR | YI AND | E | | |
| | 24 FU | BURIAL INERAL DIRECTOR | SOL. | LEVINSON | V & BROS. | TNC | CIRCLE CE | Sa. DATE | REC'D. BY REGISTRAF | 25 PEGIS | TPAP'S SIGNIATI | IDE | _ | | |
| | | 5010 REISTE | | | | | | DE | | - I / // S / E : /Abantalista | | | | | |
| | | | | | , | | | 04 | 0 0 0 500 | 1 | | | | | |

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

STATE OF THE PARTY



365135

the funeral director, page 3 d within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| ı | - STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. N | 10. | | |
|---|--|-----------------------------------|---------------|------------------------|-----------------|--------------------------|-----------|-----------------------|-------------|----------------------|----------------------------------|
| Ì | 1. DECEASED NAME | FIRST | , | AIDDLE | 1 | AST | 2 | a DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUR |
| | 11 | QUALE | | (1) | 1 PIE | TRO | | 12.24.85 | DEC | 24-85 | 12.45pm |
| Ì | 3. SEX | 4. | RACE | | 5. DATE C | | | AGE (IN YEARS LAST BI | RTHDAY) | MONTHS DAYS | IF UNDER 24 HRS HOURS M.IN. |
| ı | MAIF | | (d) | | MA | 4 95 OI | | 84 | YRS | MONINS | MIN. |
| 1 | 70. BIRTHPLACE ISTATE OR | FOREIGN 76 | CITIZEN OF | WHAT COUNTRY | ? 8 | | 9 | BALTIMORE CITY | Y OF DEATH | | |
| 1 | COUNTRY) TIAL | 4 | USA | | WIDOWE | DIVORCED | | BALTIN | TY . MD. | | |
| ı | 10. CITY OR TOWN OF DE | ATH 11 | | | NG HOME C | R OTHER INSTITUTION | N 1 | 2a USUAL OCCUPAT | ION | 126 KIND O | F BUSINESS OR |
| 4 | BALTOWSON | K-6 | MAX | DOK C | ARB | TOWSON |) (| Retired- | Self- | employe | d |
| 1 | USUAL RESIDENCE (IF NUR 130 STATE | 136 COUNTY | | 13c. CITY OR TOV | | 13d. INSIDE CITY LIMIT | ITS? | 3e.STREET ADDRESS | / ZIP COD | Œ | |
| ć | Md. | Balto | 0. | Kingsv | ille_ | YES NO 🛛 | | 11612 Ceda | ar Lar | e 2108 | 7 |
| A | 14 FATHER'S NAME | MID | DDLE | LAST | | 15 MOTHER'S MAIDE | ENNAME | MIDDLE | | LAS | T |
| И | Guidano | | D: | iPietro | | Anna | | | | MNK | |
| 1 | 168 WAS DECEASED EVER | IN U.S. ARME | D FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADD | RESS | | |
| 1 | no | (W TES, ONE W | AR OR DATES! | 213-09- | 3581 | Thomas Dil | Piet | ro 11612 (| Cedar | Lane 21 | 087 |
| 1 | 18. CAUSE OF DEA | TH (Enter only | ane cause per | line for (o), (b), a | nd (c).1 | | | | | APPROXI BETWEEN C | MATE INTERVAL ONSET AND DEATH |
| ı | PART I. DEATH V | | | CAND | 140 | PRRE | 557 | | | | |
| 1 | PART I. DEATH WAS CAUSI | | | DAS A CONSEQU | ONSEQUENCE OF , | | | | | | |
| ı | Conditions, if ony | v. which | | | | ic HEAR | ET | DISERS | SE | SEPT | -1983 |
| ı | gove rise to im | mediote | | | -0- | | | 70,77 | | | |
| ı | underlying cous | | DUE 10, 0 | RAS A CONSEOL | JENCE OF | | | | | | |
| ı | PART 2. OTHER SIG | NIFICANT CO | NDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE | E TERMIN | IAL DISEASE OR COM | NDITION G | IVEN IN PART 110 | 0 |
| J | | | | | | | | | | | |
| H | 19a DATE OF OPERA | ATION | 19b. COND | TION FOR WHICH | H OPERATIO | N WAS PERFORMED | | 20a AUTOPSY? | | ES, WERE FINDIN | |
| | E I | | | | | | | YES TI NOT | | IFYING CAUSES | OF DEATH? |
| d | 210. ACCIDENT WAS UN | DERLYING | 216. TIME O | | | 21c. HOW INJURY OF | CCURRE | | | | |
| 1 | | | | M. MONTH D | | | | | | | |
| ١ | OR CONTRIBUTING (IF EITHER, NOTIFY MED) 21d. INJURY OCCUP | | P. 21e. PLACE | | 19 | 211 LOCATION | _ | | | | |
| | WHILE NOT W | HILE [] | | REET, FACTORY, OFFICE. | FARM ETC) | STREET | | CITY OR 1 | Own | COUNTY | STATE |
| 1 | 22a.l certify that (I | | | | | . 19 | | _, to | | | that (II (we) lost |
| 1 | sow the deceo obove, (I) (we) | sed olive on (did) (did not) v | riew the body | ofter deoth. | , or | nd that in (my) (our) op | pinion de | oth occurred on the | dote and ha | our and I om the | couses stated |
| 1 | 226. SIGNATURE | 6-16 | 1 | Koes | , | DEGREE | | | | 22c. DATE | SIGNED |
| | / | nav | wr | 1 | | PHYSICI. | | MEDICAL STA | | 12. | 24.85. |
| | 224. PHYSICIAN'S N | AME (TYPE OR PE | RINT) | | | 22e ADDRESS | | Chan p | 101 | | |
| | Walk | W/ | 110 | es | | 14 | In | un / | 10 | | |
| 1 | 23a. BURIAL, CREMATION | , REMOVAL | 236. DATE | 23ε. | NAME OF C | EMETERY OR CREMAT | ORY | 23d LOCATION | 747 | COUNTY | STATE |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please remove carl with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or

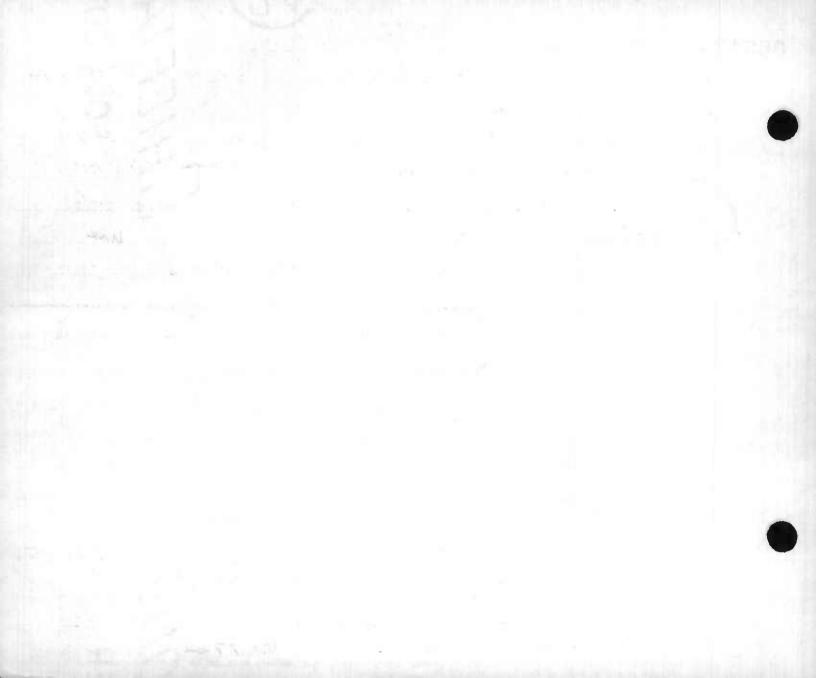
Burial
24 FUNERAL DIRECTOR
CONNEILY
F, Funeral Home 300 Mace Ave. 21221

Oak Lawn Cemetery

1250. Date REC'D. By REGISTRAR'S SIGNATURE

Mare Ave. 21221

DEC 27 985 Baltimore Maryland



- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

Baltimore Co. 126 KIND OF BUSINESS OR INDUSTRY 13e STREET ADDRESS / ZIP CODE 21228 701 Gun Rd Dixon Sister Virginie Fish O.S.P. 701 Gun Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OF TOWN and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN PHYSICIAN Wilkens Avenue Balto.. STATE Machtelah Cemetery Burial 12/30/85 North Bergen 24 FUNERAL DIRECTOR Wm ℃ March F/H West 4300 Wabash Ave.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

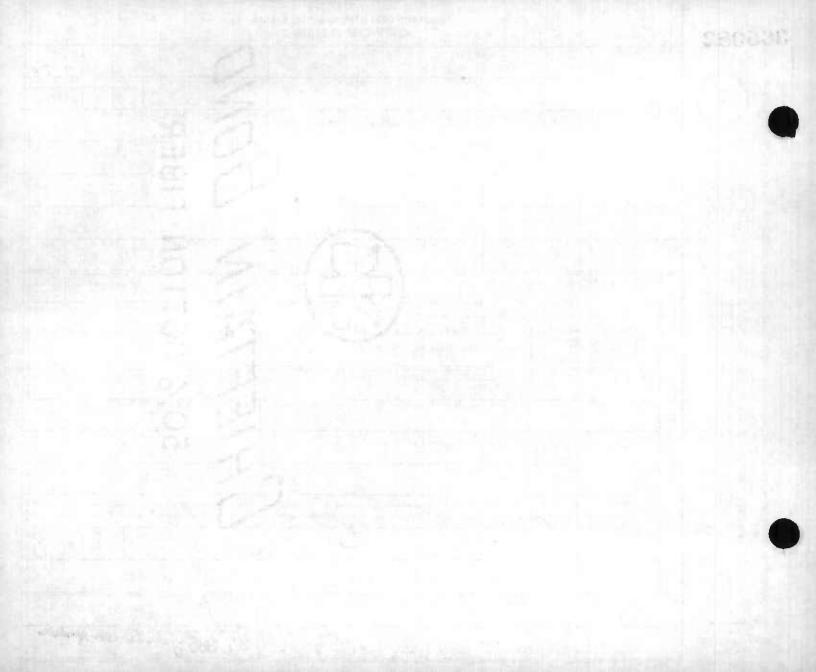
CERTIFICATE OF DEATH

2b. HOUR

IF UNDER 24 HRS

85

IF UNDER 1 YEAR



FEMALE

MARYLAND

BALTIMORE

30 STATE MARYLAND

BIRTHPLACE ISTATE OF FOREIGN

CITY OR TOWN OF DEATH

MARY

LITYPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

DIXON

MONTH

MAY

MIDDLE

PARKER

BLACK

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

BALTIMORE

3304 NORTHMONT ROAD

4 RACE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI

136 COUNTY

CERTIFICATE OF DEATH

01

YEAR

1922

20 DATE OF DEATH 7h HOUR 06 1985 IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED DIVORCED [BALTIMORE COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER HOME BALTIMORE, MARYLAND 21207 LAST SMAL I 3304 NORTHMONT ROAD BALTIMORE, MD. 21207

4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FRED R. WATSON MATTIE 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO NO. 219-18-8287 CLARENCE DIXON 18 CAUSE OF DEATH Enter only one cause per line for PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY) BURIAL 24 NOTE TORE CORSONS FUNERAL HOME, INC.

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

WHILE NOT WHILE

sow the deceased 226. SIGNATURE

23a. BURIAL, CREMATION, REMOVAL

12/13/1985

2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

21e PLACE OF INJURY

22a 1 certify that (1) his haspital) attended the deceased from

(AT HOME STREET FACTORY OFFICE FARM ETC.)

DEGREE

21f LOCATION

ATTENDING

CITY OR TOWN

STAFF DIRECTOR PHYSICIAN

COUNTY

RS., and that in (my) (aur) apinion death accurred an the date and have and from the causes stated

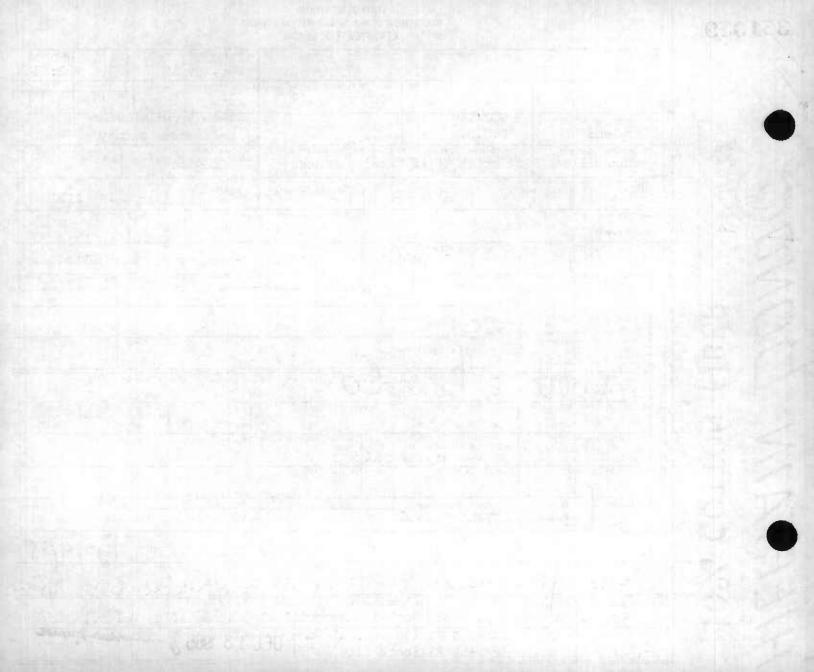
Garrison Forest Veterans

Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE and Davidson Randelle

A description of the second of Constitute of the second of th Anney Line West 200 St. Line S

| 351059 | 1. | FOR - STATE REGISTRAR | | DEPARTA | E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 5 | 3 3 | 3 3 | |
|--|------------------|--|--|---|--|--|--|-----------------------------|-----------------|
| X / . n= | | CEASED NAME FIRST | | MIDDLE | | AST | 20. DATE OF DEATH | | EAR 26. HOUR |
| 1 60 | | RUTH B. DORSE | | | | | Dec. 8, 1 | | 2:50A M |
| - 1 of | 3. SE | řemale | 4. RACE White | | Janu | dary 31,1907 | 6 AGE (IN YEARS LAST BIR | | DAYS HOURS MIN. |
| | | RTHPLACE (STATE OR FOREIGN Maryland | U.S. | | WIDOW | D NEVER MARRIED DIVORCED | 9 BALTIMORE CITY O | | |
| 1190 | 1 | Catonsville | Frederi | ck Ville | Nursi | ng Center | 12a USUAL OCCUPATI (TYREOF WORK FOR MOST C HOUSEWILE | IND OF BUSINESS OR ISTRY | |
| | USU 13a Ma | AL RESIDENCE (IF NURSING HOME STATE 136 COI | OR OTHER STITUTION | GIVE RESIDENCE BEFORE 130 CITY OR TOW Baltimo | ADMISSION) N CE | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 4936 Westh | 21229 | |
| 130 | | ATHER'S NAME Unknown | WIDDIE | 1451 | | 15. MOTHER'S MAIDEN NA/ Unknown | ME MIDDLE | | LAST |
| IMORE. | 1 | NAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C | RMED FORCES? GIVE WAR OR DATES) | 213 62 10 | | Mrs Mildred | J Sharar 49 | | ills Road |
| RECORDS, 201 W. PRESTON Tow requires that the death Then please remove as e.e.no.r.to burn), commonlin. o | CERTIFICATION | Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAND TO BE ALL OF OPERATION | DUE TO, O | OR AS A CONSEQUE ON RIBUTING TO CONTRIBUTION FOR WHICH | NCE OF | NOT SELATED TO THE TERM N WAS PERFORMED | INAL DISEASE OR CONI | DITION GIVEN IN PA | INDINGS USED |
| A A A A A A A A A | ERT | 710. ACCIDENT WAS UNDERLYING | 21b. TIME C | NE INTILIEV | | Tale HOW IN HIRDY OCCUPA | YES NO | YES 🗌 | NO 🗆 |
| DIVISION OF VITAL RECORDS, 20 O HOSPITAL OR ATTENDING PHYSICIAN. The law requires statement by the hospital or ortending physician. O FUNERAL DIRECTOR: After this certificate has been algored hould be detrached for use on the burnal risonal permit. Then pits with the State Dept. of Health and Mermal Hypothes prior to burna MPORTANT, if here 21 is marked or here. If shows any injury, or | MEDICAL CI | OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED A1 220. I certify that II) (this has been some of the contribution of the contribu | P. 21e. PLACE (AT HOME, ST poital) attended atte | M. MONTH DA M. 12 S OF INJURY REET, FACTORY, OFFICE, FA The deceased from | 3 19 (ARM, ETC.) | 211 LOCATION 211 LOCATION TREET 19 19 10 that in (my) (aur) apinion of PHYSICIAN 220 ADDRESS | ta 1248 death occurred on the do | 19 SS ate and haur and fram | NTY STATE |
| BP. | 1 | SURIAL, CREMATION, REMOVA SPECIFY) Cremation | | | | EMETERY OR CREMATORY W Memorial Pk | 23d LOCATION CITY OR TOWN, Catomsvil | 10 Party | ., Maryland |
| DHMH - 16 50M 1/81 (VRA 15, 4) | 24 FU | Cremation Juneral Director Harry C. 4112 Old Co | H Witzk | e & Famil | y Fur | eral Home 250 PAT | RECT 3 1985 | 25b.REGISTRAGICAL | |



| STATE OF MARYLAND | | ST | ATE | OF | MARYLAND |
|-------------------|--|----|-----|----|----------|
|-------------------|--|----|-----|----|----------|

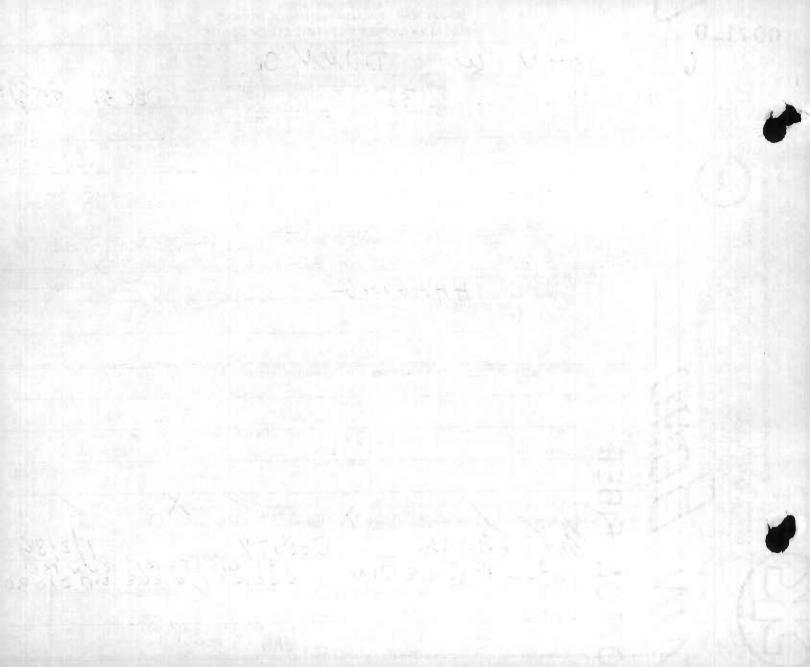
DEPA

| ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE 5 | S REG N | 0 | 3 | 3 | Frank | 3 |
|---|------------|---------|---|---|---|-------|---|
| | In DATE OF | ME OIL | - | | | | |
| | | | | | | | |

| 02152 | V | FOR STATE REGISTRAR | DEPAK | TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE REG. N | 0. |
|---|-----------------------|--|---|---|---|---|
| | | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR 26 HOUR |
| poge 3 | | EDW/ | ARD IGNITION | | | 12 26 85 6:15 A |
| or. P | 3. SE | X | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | & AGE (IN YEARS LAST BIR | MONTHS DAYS HOURS MIN. |
| directs hours o | T | | Caucasian | 2 22 08 | 77 | YRS |
| death. P | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | BALTIMORE CITY | OR COUNTY OF DEATH |
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| 00 | 7110 | | REGISTRAR | | | DICAL EXAMI | NER'S | ERTIFICATE | OF DEAT | H RE | G. NO. | | | |
| 00 | | | CEASED NAME | JOHN | | WIDOLE | _ phi | IN, SR. | 20 | DATE KNOW | | TH DAY | YEAR | 2b. HOUR |
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| 9 | ESSES AL | 13a S | TATE | 113b COUNT | Υ | 136 CITY OR TOWN | | had inside city limits? | 13e STREET | ADDRESS | | | | |
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| Q. | 1 3 0 | 14. F/ | THER'S NAME | | MIDOLE | LAST | | 15. MOTHER'S MAI | | MIDDLE | | | LAST | |
| Ti. | A 25 3 5 1 | E: | rvin | A | shby | Dunn, S | r. | Berth | na Tho | | | | ASI | |
| W | SA CONT | 16a V | VAS DECEASED E | VER IN U.S. ARM | | 166 SOCIAL SECUR | | 17. INFORMANT | 3226 | | RESS COL | irt : | 2121 | 3 |
| 5 | A SECTION ASSESSED. | | YES | | tnam | 223-76- | 4440 | Martha | | | | | | |
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| RE | MEALT CRE | MEDICAL CERTIFICATION | 19a. DATE OF OF | PERATION | 19b. CONDIT | TION FOR WHICH OPE | RATION W | AS PERFORMED? | | | | 20 A | UTOPSY? | |
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| DIVISION OF VITAL | WRITIN WRITIN ARDED AGE 3 S ATE DEP | ME | WHILE N | OT WHILE | | TORY, FARM, ETC.) | | TREET | CI | TY OR TOWN | 5749 | COUNTY | | STATE |
| 100 | WAR WAR PAG 212 | | AT WORK A | T WORK | | | | | | - | | | | |
| | FICATE FOR | | 22a. I certify | not took charge | al the remains des | cribed obove, held on | Autop | y . Inspect | ion , | nquiry A | and in my | opinion | | |
| | MIN HERON | - | death resulted | ram Natura | Souses . | Accident , S | uicide Z | Homicide . | Undeterm | ined manner | <u></u> | | | |
| | WAR WAR | | (| 84. N | 1/11 | | | THINE (SPECIFY) | 11 | | | | 1-10 | 7/ |
| | A PER P | 0 | SIGNATURE | IMM | 10m | un | M | 0 1200 | I MEDICA | L EXAMINER. | DA1 SIG | NED_ | 6/5 | 16 |
| | DEA ST A ST | | EVALUEDIC NIA | DA | 111 / | 1.00 | 111 | 13 | 116 | ESTE | RM | RU | VR | 0 |
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| | TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOUNERLD INFECTOR AFTER DEATH, WITH IT BALTIMORE, MARYLAI | 23a.Bl | JRIAL, CREMATIO | N, REMOVAL 23 | b DATE | 23C NAME OF CI | METERY O | R CREMATORY | 23d. LOCA | TION | - | DUNTY | STAT | |
| | BP | _ | emoval- | Burial | 1/4/86 | Liber | tv Ch | urch Cer | | dton. | VA. | UNIT | STAT | 31 |
| | DHMH - 17 | | JNERAL DIRECTO | | , , , , , | 31 Brehms | | DE DAYS | E REC'D. BY RE | GISTRAR 256. | REGISTRAR' | SSIGNATU | JRE | |
| | (VR A15 ME (5)) | | | ייינאדיה עני | | E Balto. | | 2 miles (6) 1 | N 3 k | 1- 000 | - | 23.6 | | |
| | 20M 4/82 | | CHIMINA | F. L. LIME. | KAL HOM | r'RgTro' | Md. Z | 1713 123.81 | | - M | | | | |



| 360050 | FOR STATE REGISTRAR | | C | STATE OF MARYLAND T OF HEALTH AND MENTA ERTIFICATE OF DEATH | REG. N | | 3 4 |
|--|---|--|---|---|--------------------------------|---|--------------------------------|
| noy be poge 3 er death | 1. DECEASED NAME (TYPE OR PRINT) | ELEN | WIDDLE | Dyott | 2a DATE OF DEATH | 12 14 85 | 1050 MM |
| 4 mor | 3. SEX | 1 RACE | 5. | DATE OF BIRTH | 110 | RTHDAY) IF UNDER 1 YEAR MONTHS DAYS | HOURS MIN. |
| 0 686 | 70. BIRTHPLACE (STATE O | R FOREIGN 76. CITIZEN OF | | ARRIED A NEVER MARRIE | 9 BALTIMORE CITY | ORE COUNTY | Y MD. |
| S offi | Towson | (IF NOT IN SL | HOSPITAL, NURSING HUCH FACILITY, GIVE STREET ADDR | OME OR OTHER INSTITUTIO | | ION 12b. KIND (OF WORKING LIFE) INDUSTRY | OF BUSINESS OR |
| AND 212 filled in hould be f | MD | RSING HOME OR OTHER INSTITUTION 136 COUNTY Baltimore | 130 CITY OR TOWN | ISSION) 13d INSIDE CITY LIM YES NOX | | 21204 wood Lane, | Apt. 20 |
| ompletely | 14 FATHER'S NAME FIRST Frank | MIDDLE | Essich | IS MOTHER'S MAID Cora | EN NAME MIDDLE | Baumgar | NST TEN |
| be execution and contains s. Pages | (YES, NO OR UNKNOWN) | R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 1) A | 212-03-09 | 7.7 | H. Dyott, 13 | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours realisticate by sistence. We this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonapapers. Pages 1 men 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. In and Mental Hygiene prior to burial, cremation, or removal. | Conditions, if on gove rise to in couse (o), state underlying course PART 2 OTHER SIG | y, which amediate and the lost bull to b. DUE TO, C. SNIFICANT CONDITIONS C. | | OF H BUT NOT RELATED TO TH | e vectum | | |
| TAL REC. The law sicion. The has be nost permity giene pringshows on | 190 DATE OF OPER | | OF INJURY | RATION WAS PERFORMED | 200 AUTOPSY? YES NO | 20b IF YES, WERE FINDI IN CERTIFYING CAUSES YES | NGS USED S OF DEATH? |
| DIVISION OF VITA ING PHYSICIAN: The rottending physicial after this certificate os the burial-transfilth and Mental Hygii carked or Item 18 she carked or | OR CONTRIBUTING | CAUSE OF DEATH DICAL EXAMINER) PRRED 216. PLACE (AT HOME, ST | .M. MONTH DAY .M. OF INJURY IREET, FACTORY, OFFICE FARM, | YEAR 19 21f. LOCATION 5TREET | OCCURRED (ENTERNATURE OF INJ. | | STATE |
| he hospital of black of the hospital of black of | sow the decea | (did) did not) view the body | 2114 10 80 | DEGREE ATTEND | pinion death occurred on the d | FF 22c. DATE | tho (I) we) lost couses stoted |
| TO HOSPITAL retained by the TO FUNERAL should be det with the State with the State | 22d PHYSICIAN'S N | Priedman | M.D. | 22e ADDRESS 660 Ke | 1,1wo-th M. | , Towson, | md. |
| BP | 230 BURIAL CREMATION | 12/1 | 7/85 Kri | der's Cemet | CITY OR TOWN | nster Carr | ol.l. MD |
| DHMH - 16 50M 1/B1 (VRA 15, 4) | Robert K. | A12 Wash Pritts, Si | nington Ro | nster, MD | DEC,18 MB | USE DE LA COMPANIE DE | April 1 |

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| 244064 | 11- | STATE Eagar |) | DICAL EXAMINER'S | | F DEATH REG. NO. | 0 . 0 4 |
| 344061 | | CEASED NAME FIRST | 0~ | MIDDLE C N.C | AN | 20. DATE KNOWN D | MONTH DAY YEAR 25. HOUR |
| 3955 | I SEX | けんおも | 5. DATE OF BIRTH | J Z A G | NDER 1 YR. TIF UNDER | DEATH MATED | MONTH DAY YEAR 74 HOLLS |
| F# 25 5 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | 367 | M aleQAUCAS | MONTH DAY 11 | VEAR (LAST BIRTHDAY) MONT | | MIN PRONOUNCED DEAD | CS 81 14 |
| WAS AN | | IRTHPLACE (STATE OR | 76 CITIZEN OF WI | HAT COUNTRY? B. MARR | HED NEVER MARR | IED 9 BALTIMORE CITY OR | |
| AND SERVICE OF SERVICE | | aryland | US | A WIDOV | VED DIVORC | | |
| SHOP SHOP | R | osedale | 1316 S | eling Ave. | HER INSTITUTION | FOR MOST OF WORKING LIFE) Laborer | Brewery |
| | Mas | U | timore | Rosedale | 13d. INSIDE CITY LIMITS? YES NO D | 13:1316 Seling | Ave. 21237 |
| 5052 | 14. F | ATHER'S NAME FIRST | MIDDLE | Eagan | 15 MOTHER'S MAID | EN NAME MIDDLE | LAST |
| ALTIMO AFTER D INFE PAC AGES ISSIDING | 16a. V | VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (11F YES, GIV | MED FORCES? WAR OR DATES) | 218091452 | Amy Ise | ADDRESS | ing Cir. |
| N ST., B. THOURS EM TB. G SNG WIT ERMIT, P. ENE, DIV. | | 18. CAUSE OF DEATH (Enter o PART I DEATH WAS CAUSE IMMEDIA | nly one couse per line D BY: TE CAUSE (o) | FTERIUSCL | ERUTIC | CARDIO - | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| HESTO HIN 24 II. IN IT ER ALC NSIT PI KHYGI | | Conditions, if ony, which | | 1 ASCULA | R DUS | ASE | |
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| VITAL REC SHOULD BE ORD "PE. CHIEF ME. TOF HEAL | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDI | TION FOR WHICH OPERATION V | VAS PERFORMED? | | 20 AUTOPSY? |
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| NO THE PROPERTY OF THE PROPERT | MEDICAL | UNDERLYING OR - CONTRIBUTING CAUSE OF | DEATH P.M | . 19 | OCATION | | |
| DIVISI THIS CER' WARDED PAGE 3 SI TATE DEP | MEG | WHILE NOT WHILE AT WORK | | | STREET | CITY OR TOWN | COUNTY STATE |
| Ш % (7) | | 22a. I certify that I took char | ge of the repoins des | cribed above, held an Autop | osy . Inspection. Homicide . | Inquiry , ond | in my opinion |
| ICAL EXAMINER: SHOULD BE FOR SHOULD BE FOR KITAL DIRECTOR: MITH THE: DRE: MARYLAND | | ACTUAL KANK | Mari | Accident L., Suicide L. | TITLE (SPECIEY) | +c/ | DATE 17/5/80 |
| 05 + 707 | 1 | EXAMINER'S NAME THE | 11 60 | -UERIN | 1.3 | MEDICAL EXAMINER | SICKUNRO |
| TO ME EXECUT PAGE A TO FUT AFTER | 23a B | (TYPE OR PRINT) URIAL, CREMATION, REMOVAL SPECIFY) | 23b DATE | 23c. NAME OF CEMETERY C | ADDRESSOR CREMATORY | 23d LOCATION B. | alto. Mar. |
| BP | B ₁ | uria] uneral director n | 12/09/8 | 5 Oaklawn | 250. DATE | R | |
| DHMH - 17 (VR A15 ME (5)) | | NAME OF COL | 12 (ADDRESS | le sans Ave - | DE | | Davidson-Random |

10016 AND TO LEST X 3 C 4 2 C D 3 C D 2 C D and the second of the second

uneral director, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEP

| ARTMENT | OF HE | ALTH AN | D MENTAL | HYGIENE |
|---------|--------|---------|----------|---------|
| CEI | RTIFIC | ATE O | DEATH | |

| 1 | FOR | DEBADT | STATE OF MAI MENT OF HEALTH A | | IEME 8 5 | 3 3 | 8 6 |
|---|--|---|----------------------------------|------------------------|--|--|--|
| | 1 - STATE REGISTRAR | DEFARI | CERTIFICATE | | | | |
| Į | 1. DECEASED NAME FIRST | WIOOF | LAST | | REG. NO | ONTH DAY YEAR | 26 HOUR |
| | (TYPE OFFRINT) France | es McKenzie | Eareckso | n | Dec. 2 | 2, 1985 | 11:00 A |
| - | 3. SEX Female | 4 RACE Caucasion | Sept. 9 | 1905 | 6. AGE (IN YEARS LAST BIRTH | MONTHS DAY | |
|) | 70. BIRTHPLACE (STATE OR FOREIGN COUNTY Maryland | 76. CITIZEN OF WHAT COUNTRY | MARRIED NE | /ER MARRIED DIVORCED | 9 BALTIMORE CITY OR Balti | MD. | |
| 1 | 10. CITY OR TOWN OF DEATH Reisterstown | 11. NAME OF HOSPITAL, NURSI | | | 120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF NUTSE | | OF BUSINESS OR Health |
| P | 13a STATE 13b CO | or other institution give residence before UNITY 13t. CITY OR TOV Reisters | toon YES | | 13e.STREET ADDRESS / 1 Austin | | 21136 |
| 1 | Joseph | M. Simond | | FIRST FIRST | WE | McKe | ast enzie |
| | 160 WAS DECEASED EVER IN U.S. | ARMED FORCES? 166 SOCIAL SEC | | | 8300 RE | vydale Ave. | |
| | (YES NO OR UNKNOWN) (IF YES. | 218-38-4 | 684 Susa | n W. Schw | | erstown, Mo | |
| | Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN | DUE TO, OR AS A CONSEQUE (b) META STO DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO | TIC (470 | | of LUNG | ITION GIVEN IN PART | lio . |
| | Maligna. | | Effusio | | | | 111 |
| , | Maigha 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | OPERATION WAS PE | ERFORMED | 200 AUTOPSY? YES NO | 206. IF YES, WERE FINE IN CERTIFYING CAUSI YES [| NO [|
| 1 | | | | W INJURY OCCURE | RED (ENTER NATURE OF INJURY | IN ITEM 18 PART OR PART 2 | |
| | OK CONTRIBUTING CAUSE OF I | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | FARM ETC) | ATION | CITY OR TOW | N COUNTY | STATE |
| | saw the deceased alive | spital) attended the deceased from on 1115 not) view the body after death. | , and that in | (my) (aur) apinian d | death accurred on the dat | | , that (I) (we) last be causes stated |
| | David M | offen n | DEGREE | ATTENDING PHYSICIAN | MEDICAL STAFF | 110 | 123/85 |
| | DYIC MIS | FORPRINT) | 27° ADI | BS W. Bel | lvedere Ave | Balto. | md. |

should be detached for use as the buwith the State Dept. of Health and M BP.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physical

as the burial-tronsit permit. Then please remove the ond Mental Hygiene prior to burial, cremotion

MPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial Deg.

230. BURIAL, CREMATION, REMOVAL

236. DATE

23c NAME OF CEMETERY OR CREMATORY 24, 1985 St. Thomas Cem.

23d LOCATION
CUYORTOWN Mills Baltimore Md.

Eckhardt Funeral Chapel 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Handelle Owings Mills, Md. 21117

| 303 > 1 | 三%~ | 120.001 | | | | 10000 | |
|----------|---------|---------------|------|----------|-----------|-------|---------------|
| | | | 2011 | . fra | E9 (E80) | 27 | |
| 7 | muoD es | contitued. | | | ,A.B. | | HergCand |
| The Last | | ontire | |)= ^ p = | .OE gipho | 2 - | more coralisa |
| JEN'S | | Autica P | | emos | | | banlyrak |
| | nvo. | Age of a com- | | | | | 1205 |
| | | | | | 100 | | |
| | | | | | | | |

. bit browns in . action made

| 006088 | FOR STATE REGIST | RAR | | DEPARTI | MENT OF H | OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | | 3 EG. NO. | 3 | 3 | 1 |
|--|------------------------|--|---|--|-------------|---|--|---------------------|---|---------------------|------------|
| 000000 | 1 DECEASED | AME FIRST | | MIDDLE | ı | AST | 20 DATE OF DEA | тн момтн | DAY YEAR | 2b. HOUR | |
| be y pe | (TYPE OR PRINT) | EDWA | ARD | F. | ł | BERT SR. | Decen | ber 28. | 1985 | 3:251 |) M |
| mo bo | 3. SEX | | 4 RACE | . 12 - | 5. DATE C | | 6. AGE (IN YEARS L | AST BIRTHDAY) | MONTHS DAT | | A HRS |
| 20 and 10 | Male | | White | | | nber 6, 1908 | 77 | YRS | | | 241142 |
| 120 | M BIRTHPLAC | E (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | XX NEVER MARRIED | 9 BALTIMORE C | ITY OR COUN | TY OF DEATH | | |
| Total C | Mary | land | и | .S.A. | WIDOWE | | Balt | imore | County | | MD. |
| W20 | The second | nsville | | HOSPITAL, NURSIN UCH FACILITY, GIVE STREET ICK VILLA | | ing Home | 120 USUAL OCCI (TYPE OF WORK FOR A Retired | MOST OF WORKING | LIFE) INDUSTR | OF BUSINES Pract | |
| 135 | No. STATE | land Bal | | N GWERESIDENCE BEFORE 131 CITY OR TOW Ellicot | N | 13d. INSIDE CITY LIMITS? | 13e STREET ADDR | | | ex in the | |
| be executed with stocking and 2 a femplical examine | FATHER'S | | M. | Eber | t | IS MOTHER'S MAIDEN NA | ME | DLE | | Morgai | |
| | NO OR | ASED EVER IN U.S. ARI JUKNOWN) (IF YES, GIV | MED FORCES? E WAR OR DATES) | 216-32-1 | | Margaret E. | | Same as | # 13 | | |
| physical on coper- emoval event, the | 18 CAU PART | SE OF DEATH (Enter on I. DEATH WAS CAUSE) IMMEDIAT | ly one couse pe D BY: E CAUSE (a) | er line for (a), (b), an | 0 | ain Syndro | na | | APPRO BETWEE | DXIMATE INTERV. | AL EATH |
| that the death of the the attendin tope ratios code al. cereation or other traumatic | gave couse | ans, if any, which rise to immediate (a), stating the ring cause last | (b)_ | OR AS A CONSEQU | Veron | Remoletalul | ofe Card | he hace. | Dia. | 0 | |
| equires. Then plant rite burns injury, o | PART 2. | OTHER SIGNIFICANT C | ONDITIONS (| CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR | CONDITION | GIVEN IN PART | lia | |
| To the part of the | 19a. DATI | OF OPERATION | 19b CON | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY | IN CER | YES, WERE FINE TIFYING CAUSI YES [] | | 1? |
| Sections of physics of | OR CONT | DENT WAS UNDERLYING ERBUTING CAUSE OF DEAR, NOTIFY MEDICAL EXAMINER | TH HOUR A | OF INJURY A.M. MONTH DA P.M. | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE C | OF INJURY IN ITEM 3 | 8 PART I OR PART 2 | | |
| NG Phry of the the or the bu | 21d INJU | NOT WHILE AT WORK | | E OF INJURY TREET FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | CII) | ORTOWN | COUNTY | STA | |
| TEMBING OF OT TOR ANY OF THE OTH POST IN MOORE OF THE OTH POST IN MOORE OF THE OTHER | 22a. I cer | tify that (f) (this haspit | | the deceased from 19 2 | | d that in (my) (and opinion | , 10 | | . 19 8 5 | | |

Harry L. Knipp 23a BURIAL, CREMATION, REMOVAL Burial

224 PHYSICIANS NAME (TYPE OR PH

M.D. 236. DATE 12/31/85

23c. NAME OF CEMETERY OR CREMATORY CRESTLAWN CEMETERY

22e ADDRESS

DEGREE

MARRIOTTSVILLE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D. 21229

Baltimore, MD. 21229

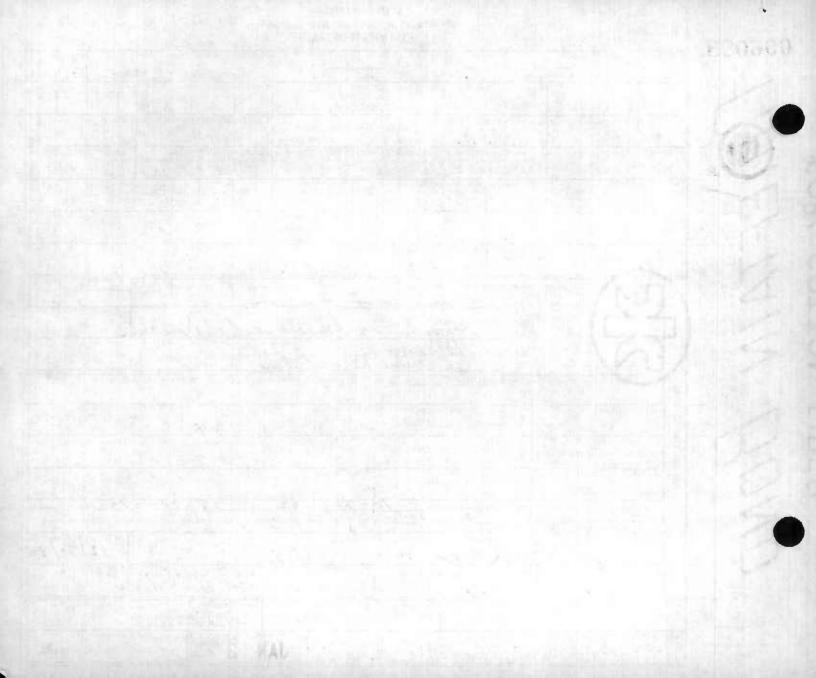
Maryland

22c. DATE NED

Leroymin. & Russell C. Witzke Funeral Homes P.A 1630 Edmondson Avenue, Catonsville, MD. 21228

5411 Old Frederick Road Suite 20

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



| | | 1. | FOR STATE REGISTRAR | | | DEPA | RTMENT OF H | E OF MARYLAND EALTH AND MEN' ICATE OF DEA' | TAL HYGIE | | | 3 | - | 8 3 | |
|--|----------------------|---------|---|--------------------|--|---------------------------------|----------------|---|------------------------------|---|---------------|----------------|------------|-----------------------------------|--|
| 510 | 13 | | CEASED NAME | FIRST | | MIDDLE | ı | AST | 1 | REG. I | | DAY | YEAR | 2b HOUR | |
| 3 75 | | (TYP | E OR PRINT } | WILLI | AM | 0. | EB | ERWEIN | | | 12 | 12 | 85 | 3:45p M | |
| moy the do | | 1. SE | X | 14 | | | 5. DATE C | F BIRTH | YEAR 6 | AGE (IN YEARS LAST E | | | ERIYEAR | IF UNDER 24 HRS | |
| 2 de 4 | | 1 | Male | | White | | Dec. | | | 70 | MOITING | DATS | HOURS MIN. | | |
| neral di N,72 hor | 25 | | RTHPLACE (STATE OR FOREIGN COUNTRY) Md. | | USA | WHAT COUNT | MARRIE | MARRIED NEVER MARRIED WIDOWED DIVORCED | | BALTIMORE COUNTY | | | | | |
| To the co | 6 | P | OWS ON | | 11. NAME OF HOSPITAL, NURSING HOME OF | | | | | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Steel Worker - Armco | | | | | |
| | 25 | 13a. | AL RESIDENCE HE NURS STATE Md. ATHER'S NAME | 136 COUNTY Baltimo | | | OWN | 13d. INSIDE CITY L | | | zip co | ood A | venu | ne 21214 | |
| Mary Co | | 1 | Henry | | | berwein | | 15 MOTHER'S MA | | MIDDLE | | milt | LAST On | | |
| the same | 9 | | WAS DECEASED EVER YES, NO OR UNKNOWN) | I IF YES GIVE | 2 | 217-09 | 3846 | Mrs. Mar | garet | E. Clayto | | ame | | | |
| artificate og physic bon pape | removal ceremt, t | | PART I. DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY ARREST IMMEDIA | | | | | | | | | | | | |
| death o | offer, or | | Conditions, if ony, | which | DUE TO, O | R AS A CONSEC PNEUN | MON IT IS | | | | 3 | | 2 we | eeks | |
| that the distribution of the state of the st | of crem as other | | cause (o), statin underlying cause | g the last | (c) | R AS A CONSE | - | | | | | | | onths | |
| Then p | injury. | ATION | PART 2 OTHER SIGN | VIFICANT CO | ONDITIONS CO | ONTRIBUTING 1 | TO DEATH BUT | ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI | | | | | | | |
| he law on hos ben it permit | 119 | TIFICA | 90 DATE OF OPERAT | TION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | D | 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO | | | | | |
| g physic entitions | 9199 | CAL CER | 210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING | AUSE OF DEATH | HOUR A. | M. MONTH | DAY YEAR | 21c HOW INJURY | Y OCCURRE | (ENTER NATURE OF IN | URY IN ITEM 1 | 8 PART I OR | PART 2) | | |
| offer the | M pilod M | MEDI | 21d INJURY OCCURS | nt 🗆 | 21e. PLACE (AT HOME STE | OF INJURY REET FACTORY, OFFI | CE FARM, ETC.) | 211 LOCATION STREET | | CITY OR T | OWN | (0 | VINU | STATE | |
| ATTENDS spiral or CTOR A | of Health | | 22a. I certify that (IC | | 12/12 | e deceased fra | 85an | 1 | 9_ 85)opinian dei | _, ta12/1 ath accurred an the | | 19_ 8 . | | hot (I) (we) last auses stated | |
| TALOR A | At a hear | | Canne | 1)-1 | Jamek J | n Jahr | J. Reed | PHYS | | MEDICAL ST. | AFF ICIAN | 22 | DATE S | IZ/85 | |
| O HOSPI ritained b | WPORTA | | JOHN D. | | M.D | | | 22e ADDRESS GBMC | 6701 | N. CHARL | ES ST | | | | |
| 8.2 | - | 230. 1 | BURIAL, CREMATION, | REMOVAL | 23b. DATE | The state of the | | METERY OR CREM | MATORY | 23d LOCATION | | COUN | ITY | STATE | |
| BP | | 24 F | Burial UNERAL DIRECTOR Leonard J. | Ruck | | | Parkwoo | | 25e. DATE R | Baltime REC'D. BY REGISTRA 13 1985 | R 25b. REGI | | SIGNATU | Id. | |
| (VRA 15 | , 4) | _ | | | | | | | 1 000 | 1 0 1900 | N | 142 | | h nà | |

1000, 15, 1000 gram symmet. It was the . M. 570-15 I.S. Investigation and friend Legators J. ware law. Latence, waryt and the transport 350018

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

| HYG | IENE O S . | 5 1 5 7 |
|-----|--|------------------------------|
| | REG. NO. | |
| | 20. DATE OF DEATH MONTH DAY | YEAR 2b. HOUR |
| | Die 9 | 1985 6 F M |
| | | UNDER I YEAR IF UNDER 24 HRS |
| | 93 YRS | VIHS DAYS HOURS MIN. |
| | 9 BALTIMORE CITY OR COUNTY OF | FDEATH |
| | BANTO COUNT | Y ME |
| | | 126. KIND OF BUSINESS OR |
| | GROCER | RETAIL |
| 5? | 13e STREET ADDRESS / ZIP CODE | |
| | 2709 A JENNER | DRIVE 2120 |
| INA | AE | |
| | AVVAN | BUTCHER |
| MDC | . HILDA EDLOWITZ | |
| 7 | The state of the s | APT. A |
| MEH | R DR. BALTO., MD | 21209 |
| | | BETWEEN ONSET AND DEATH |
| | | |
| | | 2 week |
| 9 | | 2 was |
| | | |
| | | ALC: YOU WANTED |
| | | <u> </u> |

STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE TYPE OF PRINT! 1. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 04 TR. BIRTHPLACE STIATE OF SOMEON TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED RUSSIAS WIDOWED DIVORCED E CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUAL RESIDENCE 13d. INSIDE CITY LIMIT YES X NO 5 FATHER'S NAME 15 MOTHER'S MAIDEN FIRST EDLOWITZ SRAEI DORA IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16E SOCIAL SECURITY NO. 17 INFORMANT 2709 JE WWI-ARMY PAST L DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last MAN A DIFFER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED He DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES T NO [71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH OF THREE NOTIFE MEDICAL EXAMINER. 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STREET CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHEE TO 220.1 certify that (1) (the haspital) attended the deceased from that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated saw the deceased alive a the body after death 77h SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING & MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8507616+ DAVIS 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

(SPEC IF BURIAL DEC.11,1985 MIKRO KODESH-BETH

LEVINSON & BROS., INC.

ISRAEL BALTIMORE MARYLAND

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

SOL

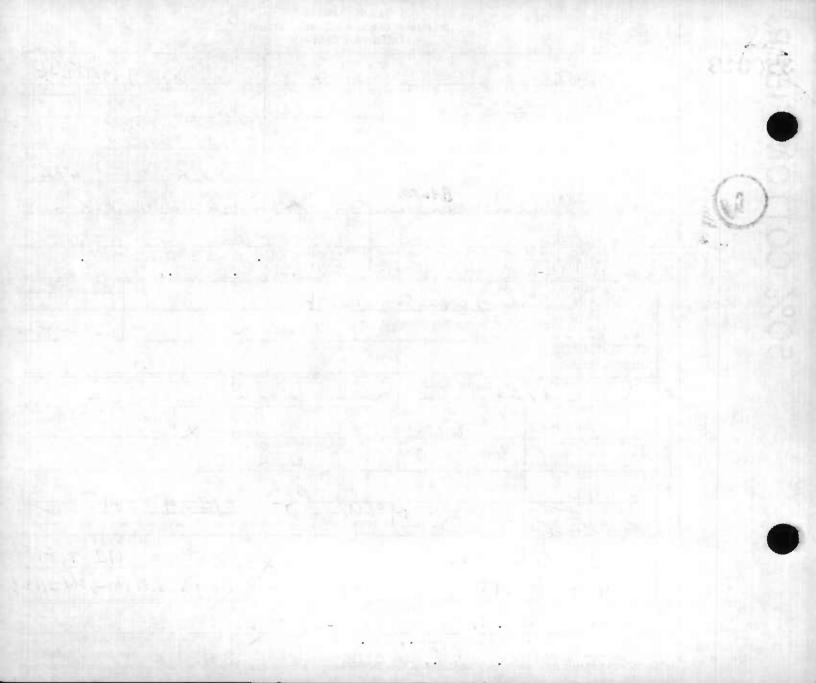
BALTO..

21215 MD

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE iona Davidson-Aandelle

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the the department of executed within 24 hours offer death. Page 4 may be Correctioned by the hospital or attending physician. | 359 |
|---|-----|
| TO FUNERAL DIRECTOR: after this certificate has been sented by MEASTINI in physician and campility. Illed in the trees of the buriol-transit permit. The place ender school population and the State Dept of Health and Mental Hygene prior to the many or removal. | 306 |
| IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other traumatic event, the middle of animal marked or Item 18 shows only injury, or other traumatic event, the middle of animal marked or Item 18 shows only injury, or other traumatic event, the middle of animal marked or Item 20 states and animal marked | 12 |

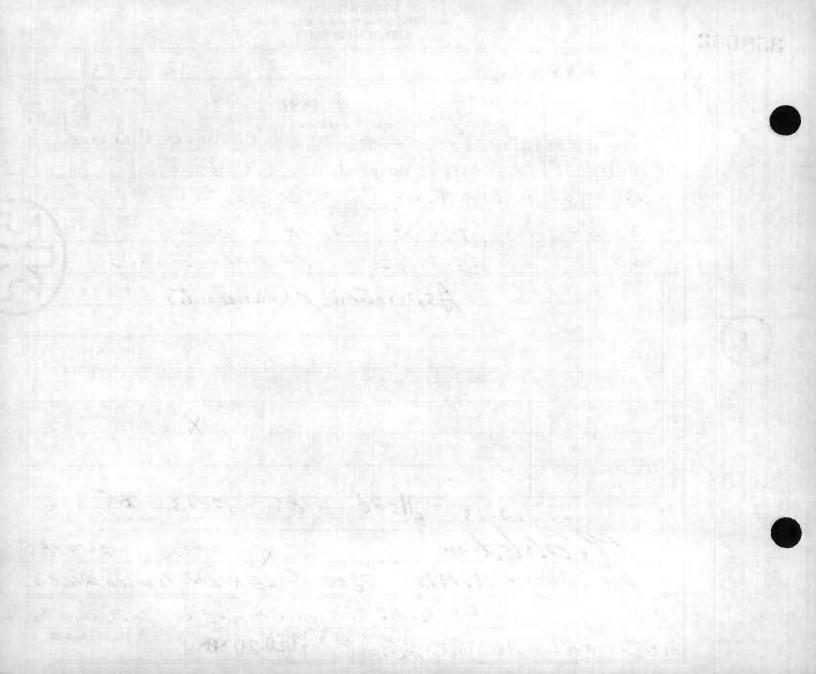
STATE OF MARYLAND

| DEP | ARTMENT | OF | HEAL | TH | AND | MENT | AL | HYGIENE | | | |
|-----|---------|-----|------|----|-----|------|----|---------|--|--|--|
| | CEI | RTI | FICA | TE | OF | DEAT | H | | | | |

| | 1 - | FOR STATE REGISTRAR | | | NT OF HEALT | | | ENE REG. NO. | 00 | ! 7 0 |
|---|---------------|--|--|---|----------------|----------------|----------------|--|-------------------|--|
| | Lige | EASED NAME FI | RST | MIDDLE | LAST | | | 20. DATE OF DEATH MONTH | OAY YEA | R 26 HOUR |
| J | 1 | OR PRIMITIVA S | Edward | 5 | | | | 12 | 138 | 5 " |
| 1 | 1. 5EX | | 4 RACE | | S. DATE OF BIR | | | 6. AGE (IN YEARS LAST BIRTHOAY) | IF UNDER 1 Y | |
| | | Fm | wh | 1 4 | HIMOM | 211 | 891 | 94 YR | | ATS HOURS MIN. |
| 1 | 7a 81F | RTHPLACE (STATE OR FORE | GN 76. CITIZEN OF | WHAT COUNTRY? | MARRIED - | NEVER MA | RRIED [| BALTIMORE CITY OR COU | NTY OF DEATH | 100. |
| | I | NDIANA | 4. | | WIDOWED | DIVO | RCED 🗌 | Baltimorp | MARY | HANC MD. |
| / | 10 CI | TY OR TOWN OF DEATH | | HOSPITAL, NURSING H FACILITY, GIVE STREET AD | | HER INSTITU | NOITU | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) | G LIFE) INDUST | D OF BUSINESS OR |
| Ц | 8 | Alto, Ma | 154.3 | oseph | HOSPIT | Al | | HOUSEWIFE | 5 46 | 71. J. T. T. T. |
| 2 | 130 S | | | PARKVIL | | INSIDE CITY | LIMITS? | 3026 CAUFOR | | 8 |
| 1 | 14 FA | THER'S NAME | MIDDLE | LAST | 15 A | AOTHER'S M | AIDEN NAM | E -MIDDIE | | 1457 |
| 1 | | JOHN | W- | BOLSI | 34 | CLA | RA | Bell | m | 9/21/11 |
| | | VAS DECEASED EVER IN I | U.S. ARMED FORCES? FYES, GIVE WAR OR DATES) | 213-74- | TY NO. 17.1 | NFORMANT | FAM | nicy RECO | 2051 | |
| | | 18 CAUSE OF DEATH IE PART I. DEATH WAS | inter only one couse per | line for (a), pl, and (| | | | a refere | APP BETW | ROXIMATE INTERVAL EEN ONSET AND DEATH |
| | 73 | | MEDIATE CAUSE (0) | H5P | irale | on, | pne | unenilis | | - 11 |
| | | | | R AS A CONSEQUEN | CE OF | | | | | |
| | | Conditions, if any, will gove rise to immed couse (a), stating | iote | R AS A CONSEQUEN | CE OF | W. 1 | | | | |
| | | | lost. | K AS A CONSEQUEN | CL OI | | | | | |
| | N | PART 2. OTHER SIGNIFIC | CANT CONDITIONS <u>C</u> | ONTRIBUTING TO DE | ATH BUT NOT | RELATED TO | THE TERMIN | NAL DISEASE OR CONDITION | GIVEN IN PAR | 110 |
| 3 | CERTIFICATION | 190 DATE OF OPERATION | N 196 COND | ITION FOR WHICH O | PERATION W | AS PERFORM | NED | 200 AUTOPSY? 206. IF | YES, WERE FIN | NDINGS USED ISES OF DEATH? |
| 4 | RTIF | 44 14 14 14 | | | | | SING | YES NO[X | YES 🗌 | NO 🗆 |
| 2 | | 210 ACCIDENT WAS UNDERLY OR CONTRIBUTING TO CAUS | 110110 1 | FINJURY M. MONTH DAY | YEAR 21c. | HOW INJU | RY OCCURRE | D (ENTER NATURE OF INJURY IN ITEM | 18 PART OR PARI | 2) |
| 1 | MEDICAL | (IF EITHER NOTIFY MEDICALE | | M. | 19 | | | | SET OF | |
| | MED | 21d INJURY OCCURRED WHILE AT WORK AT WORK | | OF INJURY REET FACTORY OFFICE FAR | | LOCATION | | CITY OR TOWN | COUNTY | STATE |
| | | 220 1 certify that (1) (thi | is hospital) attended th | e decented from | 11-26 | | 10 85 | 111-13 | 1085 | , that (I) (we) last |
| | - 3 | saw the deceased a | 17 | 13 190 | ond the | at in (my) (or | or) opinion de | eoth occurred on the date and | hour and from | |
| | | 226. SIGNATURE | The say | offer death. | DEGR | | | MATERIA DI MATERIA | 22c. D | ATE SIGNED |
| | | 11116 | anne | 000 | | | ENDING X | MEDICAL STAFF DIRECTOR PHYSICIAN | 12 | -14-85 |
| | | BIF. C | FHILAD | I,MD. | 76 | ADDRESS | OSL | ER Dr. To | Wson | 21204 |
| | 230 B | URIAL, CREMATION, REA | 12-17- | 1985 BEL | ME OF CEMET | EM.C. | ARDEN | BEEFFIRE | HARTO | RD CO. MD. |
| | 24. FU | ANES CHA | PEL OF MEI | n12185 & | ROO HA | Mary) | DEC | PEC'D. BY REGISTRAR 255 REC | SISTRAR'S SIGN | Mandale. |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



FOR - STATE DECEASED NAME

TYPE OR PRINTS

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| KINICALE OF DEATH | REG. NO. | | | | | | | | | |
|----------------------|-------------------------|---------|---------|---------|----------|--------|--|--|--|--|
| LAST | 20 DATE OF DEATH | MONTH | DAY | YEAR | 26 HOL | JR | | | | |
| ENGLISH | | 12 | 1 | 85 | 5 | P | | | | |
| ATE OF BIRTH | 6 AGE (IN YEARS LAST BE | RTHDAY | IF UND | ERIYEAR | IF UNDER | 24 HRS | | | | |
| UG. 19, 1930 | 55 | YRS | MONTHS | DAYS | HOURS | MIN. | | | | |
| ADDIED NEVED MADDIED | 9 BALTIMORECITY | SB CONF | TY OF D | EATH | | | | | | |

| /0. | | (STATE OR FOREIGN |
|-----|-------------------|-------------------|
| | FRANC | CE |
| 10 | CITY OR TOW TO | N OF DEATH |

EMALE

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOSEPH HOSPITAL

TYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY HOUSEWIFE HOME 13e.STREET ADDRESS / ZIP CODE 8626 Capleigh Ed

| N | IARYLAND | |
|----|---------------|--|
| 14 | FATHER'S NAME | |

130 STATE

USUAL RESIDENCE (IF NURS

DUBOTS

MIDDLE

WHITE Th CITIZEN OF WHAT COUNTRY?

MARCELLE 4 RACE

MIDDLE

RAYMOND 17 INFORMANT

ADDRESS GEORGE R. ENGLISH8626 OAKLEIGH RD.2123

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF CIRRHOSIS LIVER DUE TO, OR AS A CONSEQUENCE OF

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12b. KIND OF BUSINESS OR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119

90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 196 CONDITION FOR WHICH OPERATION WAS PERFORMED MONTH HOUR A.M.

CITY OF TOWN

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE

22a I certify that (1) (this hospital) attended the deceased from_

211 LOCATION

STATE

above, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATUR

sow the deceased alive on.

DEGREE ATTENDING

MEDICAL

200 AUTOPSY?

STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

HersKOWITZ

22e ADDRESS

4100 N. CHARLESSTREET, BALTIMORE

and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY DULANEY VALLEY MEM.

BY REGISTRARI256, REGISTRAR'S SIGNATURE

THE MALINE STATE OF THE STATE O

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

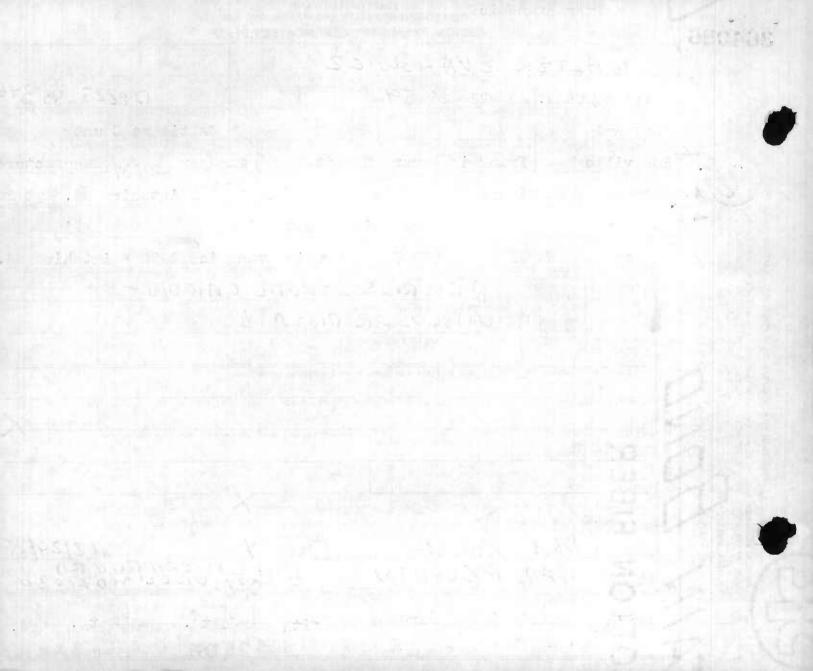
| ث | | 3 | 3 | ì | 9 | |
|---------|-------|-----|------|----|------|--|
| REG. N | 10. | | | | 1135 | |
| F DEATH | MONTH | DAY | YEAR | 21 | HOUR | |

| ٧ | | REGISTRAR | | | | CEKTIF | ICATE OF DEA | 111 | RI | G. NO. | | | |
|---|---------------|--|---------------------------|--------------------------------|---|-----------------|---|----------|---|-----------------------|--|--------------|--|
| 1 | | EASED NAME OR PRINT) | YTE | N | MIDDLE | ERT | UGRU | CL | 20 DATE OF DEA | TH MONTH | . 7. 85° | - 2h HO | 25AM |
| | 3. SEX | | | 4 RACE | | 5. DATE C | | YE AR | 6 AGE (IN YEARS L | AST BIRTHDAY) | MONTHS DA | | ER 24 HRS |
| - | | Female | - 2 | Caucas | | Janua | | 947 | 38 | | (RS | | |
| 7 | | RTHPLACE (STATE OR I | OREIGN | 76. CITIZEN OF | WHAT COUN | TRY? 8 MARRIEI | XX NEVER MARE | RIED - | 9 BALTIMORE C | | | | |
| | 10.00 | Turkey | | Turkey | | WIDOWE | | CED 🗌 | Baltimo | | | | MD. |
| 9 | | Y OR TOWN OF DEA | | (IF NOT IN SUI | CH FACILITY, GIVE | STREET ADDRESS) | ROTHER INSTITUT | 400 | 120 USUAL OCC | MOST OF WORK | ING LIFE) INDUST | D OF BUSIN | 1ESS OR |
| 6 | 1000 | ndalls town | | | | | eral Hosp | ital | Housewi | fe | <u> Own</u> | home | |
| 2 | 130 S Ma | ryland | Balt | ITY | 13c. CITY OR Catons | TOWN | 13d INSIDECITY L YES [X NO | | 13ª STREET ADDE | RESS / ZIP | CODE Woods Dr | ive / | 21228 |
| 1 | 14 FA | THER'S NAME FIRST | | MIDDLE | LAS | | 15. MOTHER'S MA | IDEN NAM | | DDLE | | LAST | |
| 1 | | Fersat | | | | ebi | Emi | ne | | | Ce | lebi | |
| 1 | | AS DECEASED EVER | | MED FORCES? E WAR OR DATES) | 16b SOCIAL | SECURITY NO. | 17 INFORMANT | | | DDRESS | | | |
| | | no | | | 214-66 | -7041 | Oktay M. | Ertu | igrul, | Same | | ROXIMATE INT | |
| | CERTIFICATION | Conditions, if any, gave rise to immage couse (a), statistic underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA | nediote ig the last | (c) CONDITIONS <u>C</u> | ONTRIBUTING | | NOT RELATED TO | | NAL DISEASE ÓR 200 AUTÖPSÝ YES □ NO | 20b. IN C | N GIVEN IN PART | DINGS US | ATH? |
| 7 | MEDICAL | 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIL 21d. INJURY OCCUR! WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK (I) (1) (1) (2) (22b. SIGNATURE) 22d. PHYSICIAN'S NA | AUSE OF DEA | 21e PLACE (AT HOME ST | M. MONTH M. OF INJURY REET, FACTORY, OF | 19_85, an | 211 LOCATION STREET 14 Ind that in (my) (A) DEGREE ATTEN | , 85 | , to | or IOWN the date and | county 19 85 d hour and tram 22c. DA | _, that | STATE (we) last tated |
| | | PURUSH | 107 | TAM | M17 | 124 | BCGH | Ra | andallst | | MD 211: | 33 | |
| | | JRIAL, CREMATION, PECIFY) Buri | | 23b. DATE 12-12- | -85 | 13t NAME OF C | Cemeter | | 23d LOCATION CITY OR TO Is tanb | WN | Turkev | | STATE |
| | 24 FU | | | Funera | | | O CITIC DC | | | TRAR 25b. RE | GISTRAR'S SIGN | | 4.00 |
| | 222 | 2 Wiscons | in Av | e., NW, | Washir | ngton, D | C 20007 | U | EU 91 | 65 3 | iona Havida | m-Algert | THE STATE OF THE S |

DHMH - 16 60M 7/B4 (VRA 15, 4)

Average and the second UEU 9 395 - - - - Secretary

| | | FOR WAITE | er Eva | anowicz _o | STA EPARTMENT OF | TE OF M | ARYLAND AND MENTAL H | YGIERE O | 3 | 3 ! 9 | / 3 |
|--|---------------|---|---|----------------------------|--|-----------|-----------------------------------|--|----------------------|------------|---------------------------------|
| 64086 | 1 | REGISTRAR CEASED NAME | FIRST | MED | MIDDLE | IER'S C | ERTIFICATE O | F DEATH | REG. NO. | ONTH DAY Y | EAR 125 HOUR |
| BOURT V | | E OR PRINT) | LTE | R EV | AHOW | 10 | 2 | OF DEATH | ESTI- | 19 | A HOOK |
| DIRECTO DIRECTO OUR FILE 172 HOU ON STREE | 3.50 | MALECA | LCAS. | 5. DATE OF BIRTH DAY 10 22 | 26 5 7 Y | AY) MONTH | DER I YR. IF UNDER | MIN PRONOUNG DEAD | 17 | E 6 2 3 19 | 85 P M |
| SCHERA | Ma | aryland | | 76. CITIZEN OF WH. | | WIDOW | | Balt | imore | County | MD. |
| THE SECTION OF THE SE | V | ossville | ATH | (IF NOT IN SUCH FAC | ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) N Square | | | 12a USUAL OCCUPA FOR MOST OF WORK Manager | NG LIFE] | OR IND | f BUSINESS DUSTRY facture |
| 133 | | RESIDENCE (IF IN NU TATE Aryland | 13b COUNT Bal | timore | Rosedal | | 13d. INSIDE CITY LIMITS? YES NO 🔀 | 2022 F1 | intshi | ire Rd. | Apt 20 |
| 3 | 1 | deorge | | MIDDLE | Évano | | 15 MOTHER'S MAIDE Cather | | DLE | Pi | se |
| AFIER SIVE PA TH FOR MISSON | 16s. V (Y | VAS DECEASED EVER ES, NO DRUNKNOWN) | (IF YES WW | VAR OR DATES) | 21722071 | | Marie Ev | anowicz | ADDRESS 2022 I | Flintsh | ire Rd |
| E EXECUTED WITHIN 24 P. DICAL EXAMINER ALCN DICAL EXAMINER ALCN A BURBAL "RANSIT PER TH AND MENTAL HYGIF EMATION, OR REMOVAL | 4 | Conditions, if c gove rise to couse (o) storing lying couse lost. PART 2 OTHER SIGNIFICAN | ony, which immediate I the <u>under</u> | (b) DUE TO, OR A | RTERIO SA CONSEQUENCE SA CONSEQUENCE UT NOT RELATED TO THE TERN | OF OF | OISEAS | ٤ | | | |
| SAL OF EACH | CERTIFICATION | 190 DATE OF OPERA | ATION | 19b. CONDITI | ON FOR WHICH OPE | RATION W | AS PERFORMED? | | | 20. AUTO | |
| SHOULD BE PARTMENT RECEIVED BE | MEDICAL CERT | 21a EXTERNAL CAU UNDERLYING CONTRIBUTING 21a INJURY OCCUR | OR CAUSE OF D | EATH P.M. | INJURY MONTH DAY YEA 19 FINJURY (ATHOME. | 2 | W INJURY OCCURRE | D (ENTER NATURE OF HULU | RY IN ITEM 18 PART 1 | | |
| E WRITH WARDE PAGE 3 STATE DE | ME | WHILE NOT AT W | | | DRY, FARM, ETC.) | | REET | CITY OR TOW | N . | COUNTY | STATE |
| CERTIFICATION DE FOI L DIRECTOR H, WITH THE | 7 | 22s I certify that death resulted trade | / / | 100 | ribed obove, held on Accident . Su | Autops | | Undetermined man | ner, | My opinion | 24/85 |
| TO MEDICAL I EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH SAFFIMORE N | | EXAMINER'S NAME (TYPE OR PRINT) | PA | UL F-G | NEUIN | | ADDRESS E3E | WESTE KEYJVI | RMR | UN 121 | 030 |
| BP | 23a.B | JRIAL, CREMATION, R PECIFY) B INTERPRETATION | EMOVAL 23 | 12/26/85 | Garden | | | 23d LOCATION CITY OR TOWN B REC'D. BY REGISTRAR | 1256 REGISTRA | Balto | STATE M d. |
| DHMH - 17 (VR A15 ME (5)) | | my le la | sil | (2) 1 ADDRESS | hesa a | 0 | | 26 1095 | 10 | indan Bru | 2.00 |



STATE OF MARYLAND CERTIFICATE OF DEATH

5. DATE OF BIRTH

FARLEY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MARRIED NEVER MARRIED

| | REG. NO. | | | | |
|---|--------------------------------|---------|--------|----------|-------|
| | 20 DATE OF DEATH MONTH | DAY | YEAR | 26 HOL | JR |
| | December 10 | , 1 | 985 | 7:0 | 02 |
| | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HR |
| | 37 YRS | MONTHS | DAYS | HOURS | MIM |
| 7 | 9 BALTIMORE CITY OR COUNT | Y OF DE | ATH | | |

Baltimore County 120 USUAL OCCUPATION

17b. KIND OF BUSINESS OR

INDUSTRY LABUR

RANKlin Square USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE AFFORE ADMISSION) 13h COUNTY 13e STREET ADDRESS ZIP CODE 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST

IMMEDIATE CAUSE to:

Jacqueline

STATE OR FOREIGN

4 RACE

76 CITIZEN OF WHAT COUNTRY?

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

APPROXIMATE INTERVA

Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.

190 DATE OF OPERATION

71d INJURY OCCURRED

WHILE NOT WHILE

PART I. DEATH WAS CAUSED BY

REGISTRAR DECEASED NAME LIVEE OR PRINTS

Meonerulonephrilis

DUE TO, OR AS A CONSEQUENCE OF

nemalosus

RELATED TO HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER)

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

NOX TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

(AT HOME STREET, FACTORY OFFICE FARM ETC)

211 LOCATION

85

CITY OF TOWN COUNTY

YES [

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

19_85, and that in (our) opinion death accurred on the date and hour and from the causes stated Dec 10

220.1 certify that & (this hospital) attended the deceased from ______ Dec . 6

21e PLACE OF INJURY

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

700 AUTOPSY?

221 DATE SIGNED

Jeffrey Bernstein,

9000 Franklin Square Dr., 21237

should be detached with the State Dept MPORTANT

CERTIFICATION

MEDICAL

23c. NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

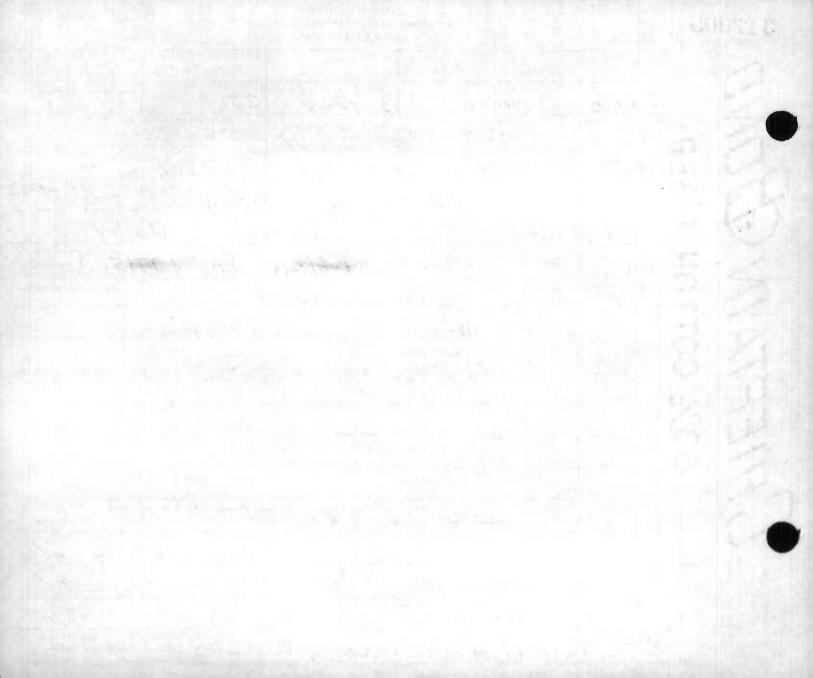
DHMH - 16 60M 7/84

the buriol-transit per and Mental Hygrene

sho

(VRA 15, 4)

24 FUNERAL DIRECTOR



24 hours of

certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

completely

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and costing bedeatched for use as the burial-tronsit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygienaprior to burial, crematian, or remavol.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical process.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

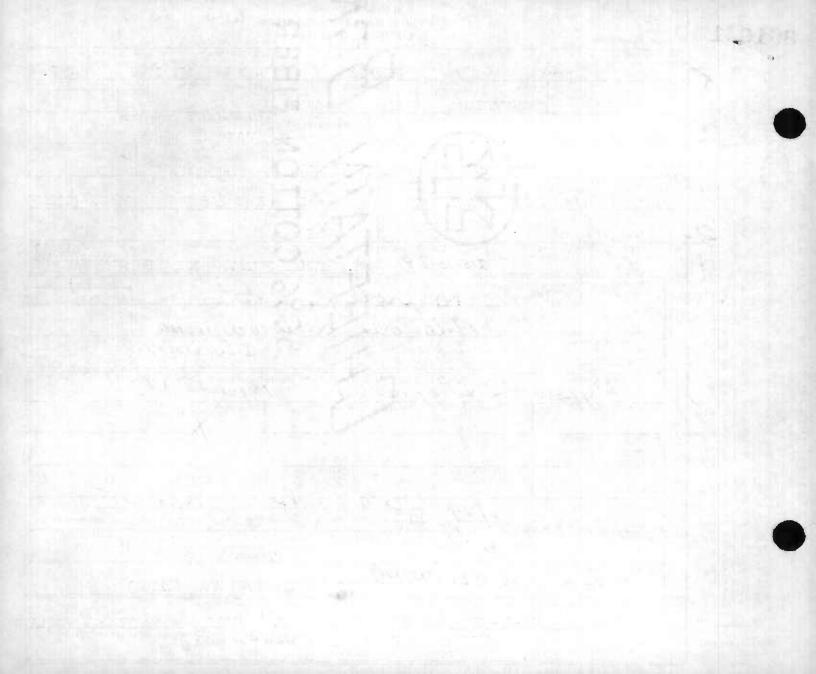
| ١ | 1 - | REGISTRAR | | CERTIF | ICATE OF | DEATH | PE C | , NO. | | |
|---|--|---|---|----------------------|---------------|---|---|---------------|-----------------------|----------------------------------|
| ŀ | | CEASED NAME FIRST | MIDDLE | | LAST | | 20 DATE OF DEATH | | DAY YEAR | 26. HOUR |
| 1 | FITTPE | OR PRINT) | JΔ | FEL | DMAN | 100 | DECEMBER | 17, 1 | 1985 | 4 P. M |
| I | 3. SEX | SEX FEMALE CAUCASIAN BIRTHPLACE (STATE OF FOREIGN 1/16 CITIZEN OF WHAT COUNTRY? 8. 3. | | 6. AGE (IN YEARS LAS | T BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. | | | |
| | 1 | | | | 66 | YR: | | HOURS MIN. | | |
| 7a BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUN MARYLAND U.S.A. | | | 76 CITIZEN OF WHAT COUNTR | Y? 8. | X NEVER | MARRIED - | 9 BALTIMORE CIT | Y OR COUN | NTY OF DEATH | |
| | | | U.S.A. | WIDOWI | | ONORCED [| BALTIMOR | E COUN | VTY, | MD. |
| 7 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | | OR OTHER IN | STITUTION | 12a USUAL OCCUP | | | F BUSINESS OR |
| | | LTIMORE | 3805 WASHINGTO | N AVEN | NUE (23 | 1207) | HOUSE | | HOM | E |
| 1 | USUA 130. S | L RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION, GIVE RESIDENCE BEF | | 13d. INSIDE | CITY LIMITS? | 13e STREET ADDRE | SS / ZIP CO | ODE | |
| d | MA | | TIMORE BALTIMO | | YES 🗌 | NO 💢 | | | ON AVENUE | (21207) |
| 1 | 14. FA | THER'S NAME | MIDDLE LAST | | 15 MOTHE | R'S MAIDEN NAM | ME MIDDL | E | LAST | |
| | J | BENJAMIN | | NBLOOM | 5 | SADIE | | | GERB | ER |
| | | AS DECEASED EVER IN U.S. AF | 1. T. L. L. L. D. D. L. T. C. L. T. | | 17 INFORA | MANT | AD | DRESS | | (21207) |
| L | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | NO (IF TES, GIVE WAR OR DATES) 215-10-71 | | 1141 | MR. (| CHARLES | FELDMAN 3 | 805 W | | |
| 1 | | | nly one couse per line for 101, 101, | and Ici.1 | | 43 U.O | 1 | | APPROXIM BETWEEN O | MATE INTERVAL DISET AND DEATH |
| 1 | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) A DILLO LORY OFFICE | | | | | | | | |
| 1 | | DUE TO, OR AS A CONSPOUENCE/OF | | | | | | | | |
| | | Conditions, if ony, which gove rise to immediate (b) Metaytaty Odemocaer work | | | | | | | | |
| 1 | | couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | ugs | 4. | | |
| 1 | | underlying cause last. | | | | | | | | |
| | 7 | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | |
| 4 | TIO | - HOWIT OF KY EYUE | | | oug | dausa | 1200 AUTOPSY? | 201 15 | YES, WERE FINDIN | loc usen |
| | CERTIFICATION | 1% DATE OF OPERATION | 196 CONDITION FOR WHA | CH OPERATIC | N WAS PERI | -OKWED | | IN CE | RTIFYING CAUSES | OF DEATH? |
| 0 | RTI | 71n. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY | | | 1114 HOW | INTURY OCCUPE | YES NO | | YES _ | NO 🗆 |
| 4 | | OR CONTRIBUTING CAUSE OF DE | LICUID A MA MONITUL | DAY YEAR | Zit. NOW | INJORT OCCURN | (ENTER NATURE OF | INJURY IN HEM | 18 PART FOR PART 2) | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | P.M. 21e. PLACE OF INJURY | 19 | 211 LOCA | IION | | | | |
| | MEC | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, OFFICE | E, FARM, ETC) | STRE | ET | CITY C | OR TOWN | COUNTY | STATE |
| | | AT WORK AT WORK | 1-15 - 44 - 15 1 Ab - 6 1 5 | . / > | 17 | 10 FL | | 12/12 | 10.84 | h a sta fe salata a |
| | | saw the deceased alive as | oitol) ottended the deceased from | C., | nd that in (m | y) (our) opinion o | death occurred on th | e date and | | that (1) (we) lost |
| | | obove, (I) (we) (did) (did n 22b, SIGNATURE | ob view the bedyotter dearth | > | DEGREE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 22c. DATE S | |
| | | // | 41 kg/0- | | | ATTENDING PHYSICIAN | MEDICAL | STAFF | | |
| 1 | | 22d. PHYSICIAN'S NAME ITTEL | DEPART TI | | 22e ADDR | | DIRECTOR PH | rsician [] | | _ |
| | | PETER | 6X082LV | Du, UH | 1777 | REISTER | STOWN ROA | D (21 | 208) | |
| - | 23n B | URIAL, CREMATION, REMOVAL | L 23b. DATE 23 | C NAME OF C | | R CREMATORY | 1234 LOCATION | 2 (21 | 200) | |
| | | BUR IAL | | SHAARE | | OH CONG. | CITY OR TOW | | COUNTY | STATE |
| | 24 FU | INERAL DIRECTOR | 1 | | | 25,479,677 | 7 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | BART IMORE | MADYLAND |
| | | NAME | BALTIMORE | , MARY | LAND (2 | 21215 | 0 0 130 | 2.0 | Stranger Co. | |

SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD

DHMH - 16 60M 7/B4

(VRA 15, 4)

BP.



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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afte |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 2h HOUR (TYPE OR PRINT) 1:26A 12 29 85 THOMAS NATHANIAL FERCIOT III 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR White Male March 26, 1934 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE COUNTY Maryland U.S.A. DIVORCED WIDOWED 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR RK FOR MOST OF WORKING LIFE INDUSTRY TOWSON 6701 N. CHARLES STREET Physician Medical UAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 POUNTY 13c. CITY OR TOWN 130.STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 311 Oakdale Rd. 21210 Maryland Baltimore FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Nathanial Ferciot, Jr. Elizabeth Thomas Angela Raum 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN Christine Ferciot - Same as #13e No 215-30-7089 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and c
PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF THE LUNG WITH METASTASIS Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? XX NOT and Mental Hygie 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive an. ... and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death. should be detached with the State Dept. 226. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 27e ADDRESS E. P. GRACE, M.D. 6701 N. CHARLES STREET 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Cockeysville, Balto., Md. Dulaney Valley Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNAT PRINCE ADDRESS 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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10 29 01 1:031

10 17 Ci F

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REG. NO. | |
|-------------------|-------|
| | _ |
| TE OF DEATH MONTH | r |

| REGISTRAR | | CERTI | TICATE OF DEATH | REG. NO | | | |
|---|--|---------------------------------------|--------------------------|------------------------------|---|--------------------|--|
| DECEASED NAME FIRS | T MIDI | DIE | LAST | 20 DATE OF DEATH | AONTH DAY YEAR | 2b. HOUR | |
| Loui | s J.FERRAC | CI | | December 30 | 1985 | 10:30 a | |
| SEX | 4. RACE | 5 DATE | OF BIRTH TH DAY YEAR | 6. AGE (IN YEARS LAST BIRTH | MONTHS DA | | |
| Male | White | | -1911 | 74 | YRS MONTHS DA | HOURS MIN. | |
| STATE OF FOREIGN | 76 CITIZEN OF WH | MARRI | ED NEVER MARRIED | 9. BALTIMORE CITY OR | COUNTY OF DEATH | | |
| 2Md. | U.S.A. | WIDOW | VED DIVORCED | Baltimore | County | MI | |
| CITY OR TOWN OF DEATH | | SPITAL, NURSING HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPATIO | | D OF BUSINESS OF | |
| Rossville | | Square Hos | | Ret. Cement | | | |
| JAL RESIDENCE (IF NURSING HE | ME OR OTHER INSTITUTION GIV | E RESIDENCE BEFORE ADMISSION | 113d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / | 7IP CODE | | |
| Md. | | Balto. | YES NO | 5425 Buckne | | 206 | |
| I. FATHER'S NAME | MIDDLE | LAST | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | | LAST | |
| Dominic | F | 'erracci | Mary | MIDDLE | Geiger | LASI | |
| WAS DECEASED EVER IN U. | S. ARMED FORCES? 16 | SOCIAL SECURITY NO. | 17 INFORMANT | ADDRES | S | | |
| Yes | WWII | 215-03-0605 | Josephine A | . Ferracci, | Same as 17 | 3e | |
| 18 CAUSE OF DEATH (Ent | ter only one cause per lin | e far (a), (b), and (c). | - | | APP | ROXIMATE INTERVAL | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Arrest | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | | | |
| Conditions, if any, which (ib) Carcinoma of the Lung | | | | | | | |
| gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | |
| underlying cause last | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 | | | | | | |
| Dehydrat | Dehydration | | | | | | |
| Dehydrat 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN | 19b. CONDITIO | N FOR WHICH OPERATION | ON WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIN IN CERTIFYING CAUS | DINGS USED | |
| | | | | YES NOCX | YES [| NO [| |
| | | NJURY MONTH DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY | IN ITEM 18 PART 1 OR PART | 2) | |
| (IF EITHER NOTIFY MEDICAL EXA | OF DEATH | 19 | | | | | |
| (IF EITHER NOTIFY MEDICAL EXA | 21e. PLACE OF | INJURY FACTORY OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOW | n COUNTY | STATE | |
| NOT WHILE AT WORK | | | | | | | |
| 220.1 certify that this | | | | | . 19_85 | _, that X (we) las | |
| abave, 🗶 🌃 dia d | saw the developed alive an 12-30 saw the developed and that in (nX) (aur) apinion death accurred an the date and haur and to above, X is a larger than the date and haur and to above, X is a larger than the date and haur and to above, X is a larger than the date and haur and to above, X is a larger than the date and haur and to above, X is a larger than the date and haur and to above, X is a larger than the date and haur and to above, X is a larger than the date and haur and to a larger than the date and haur and to a larger than the date and haur and to a larger than the date and haur and to a larger than the date and haur and to a larger than the date and haur and to a larger than the date and haur and to a larger than the date and haur and to a larger than the date and the date and haur and to a larger than the date and the | | | | | | |
| 226. SIGNATU DEGREE ATTENDING MEDICAL STA | | | | | | ATE SIGNED | |
| John | Minuas Junganno ATTENE | | | | AN X 12- | -30-85 | |
| 22d. PHYSICIAN'S NAME (| TYPE OR PRINT | | 22e ADDRESS | | | | |
| Thomas La | | | | lin Square [|)r, | 21237 | |
| a. BURIAL, CREMATION, REMO | | | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | STATE | |
| Burial | 1-2-86 | Garden | s of Faith | | Md. | | |
| FUNERAL DIRECTOR | | ADDRESS | | REC'D. BY REGISTRAR 2 | B. REGISTRAR'S SIGN | ATURE | |
| Leonard J. Ruc | ck, Inc.,530 | 5 Harford R | d. Df | U 3 1 1985 | Julia Duvidson | and for the case | |

DHMH - 16 60M 7/84

(VRA 15, 4)

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REGISTRAR 1. DECEASED NAME TYPE OR PRINT

Female

Maryland

Parkville

TO BIRTHPLACE (STATE OR FOREIGN

O CITY OR TOWN OF DEATH

3 SEX

CERTIFICATION

MEDICAL

80

ANTONIA

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

White

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FINECEY

Jan. 1, 1903

MARRIED | NEVER MARRIE

DIVORCE

5. DATE OF BIRTH

WIDOWED

1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO

JOSEPHINE

2324 Ellen Ave. 21234

| 9,33 | REG. NO. | | | | -1 | | | |
|------|---|---------|--------|----------|--------|--|--|--|
| | 20 DATE OF DEATH MONTH | DAY | YEAR | 2b. HOU | R | | | |
| | December 15, | 1985 | | | 1 | | | |
| 1700 | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS | | | |
| I.R | 82 YRS | MONIHS | DATS | HOURS | MIN. | | | |
| | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | | | |
| | Baltimore County, | | | | | | | |
| Z | 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING RetGotze C | | | F BUSINE | SS OF | | | |

| aryland | Baltimore | Parkville | YES NO A | 2324 Ellen Ave. | 21234 |
|--------------------------|--|-------------------------------------|------------------------|--------------------------|------------------------|
| FATHER'S NAME Antonio | MIDDLE | Bottone | 15 MOTHER'S MAIDEN NAM | | Bovello |
| | IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) | 166 SOCIAL SECURITY NO. 212-07-3504 | | ADDRESS Becker 8546 W | 21234 illow Oak Rd. |

| 18 CAUSE OF DEATH IEnter only PART I. DEATH WAS CAUSED (MMEDIATE | one couse per line for (o), (b), and BY: CAUSE (b) | 105626 | FROTIC | CARD10 | BETWEEN ONSET AND DEATH |
|---|--|--------|--------|--------|-------------------------|
| Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost | DUE TO, OR AS A CONSEQUEN | | WITH | HYPERT | EPSION |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

| 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | ON WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO | H? |
|---|--|------------------------|-----------------------------|---|------|
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c. HOW INJURY OCCUI | RRED (ENTER NATURE OF INJUR | IN ITEM 18 PART ORPART 2) | |
| 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOW | N COUNTY S | TATE |

| 220 | I certify that (I) (this hospital) o | ttended the deceased fro | mOC1 | 19 | . 19 | to | , 19, th | of (II (we) los |
|-----|--------------------------------------|--------------------------|------|------------------|--------------------|----------------------|-----------------------------|-----------------|
| | sow the deceased alive on |) V - X | XI | and that in (my) | (our) opinion deat | h occurred on the do | te and hour and from the co | suses stated |
| | obove, (I) (we) (did) (did not) view | v the body ofter death. | | _ | | | to one hour and from the co | 10323 310100 |

| sow the deceased alive on obove, (1) (we) (did) (did not) view the ba | ody ofter death. | in (my) (our) opinion death occurred on the date and he | our and from the causes stated |
|---|------------------|---|--------------------------------|
| tausto Q. | Agum To | THENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN | 12-16- |

22d. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS -

8713 Harford Rd.

23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial 12-19-85 Moreland

Baltimore, Maryland DEC 1 8 1985 June Autracon June

24 FUNERAL DIRECTOR

Fausto Aquino, M.D.

Baltimore, Md. Leonard J. Ruck, Inc.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Should be detoched for us with the Stote Dept. of Hee

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STATE OF MARYLAND

